

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	· · ·
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	na Officer:	
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FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/18/2023

NAME: CHLOE CAILLET LLC

TYPE OF FILING: CONVERSION

COST:

150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: CHLOE CAILLET LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
2-5-2019
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
CHLOE CAILLET LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
the date this document is filed by the Florida Department of State.)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 161H day of AUGUST	20 <u>23</u>
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: Printed Name: SOFIA MARIA ISKEN	$\sim \lambda$
Printed Name: SOELA MARIA ISKEN	ATitle:
Timed (value,	
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Chlor Emilie Caillet	
Printed Name: Chloe Emilie Caillet	Title: C.E.O
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
Trined Fidure.	
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	Tida
rimed Name.	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili	corporator must sign.
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
commean of status.	55.00 (Optional)

Y

ARTICLE I - Na	me:	
The name of the L	imited Liability Comp	any is:
CHLOE CAILLET LI	LC	
(M)	ust contain the words "Limite	Liability Company, "L.L.C" or "LLC.")
ARTICLE II - Ac The mailing addre		the principal office of the Limited Liability Company
Principal Office /	Address:	Mailing Address:
616 W 51st Street		616 51st Street
010 11 0131311661		010 313t Street
Miami Beach, FL 33	3140	Miami Beach, FL 33140
Miami Beach, FL 33 ARTICLE III - R (The Limited Liability C	Registered Agent, Reg	
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Region company cannot serve as its or active Florida registration.)	Miami Beach, FL 33140 istered Office, & Registered Agent's Signature:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Reg Company cannot serve as its or active Florida registration.) Florida street address	Miami Beach, FL 33140 istered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Region company cannot serve as its or active Florida registration.)	Miami Beach, FL 33140 istered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Reg Company cannot serve as its or active Florida registration.) Florida street address	Miami Beach, FL 33140 istered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are: Services, LLC Name
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Regiompany cannot serve as its or active Florida registration.) Florida street address Registred Agents Lega	Miami Beach, FL 33140 istered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another of the registered agent are: Services, LLC Name
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Regiompany cannot serve as its or active Florida registration.) Florida street address Registred Agents Lega	Miami Beach, FL 33140 istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Services, LLC Name Suite A

mited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/ Celeste Tate
Registered Agent's Signature (REQUIRED)

· ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Chloe Caillet
	616 W 51st Street
	Miami, FL 33140
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
Approximate of the second	
ARTICLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ C	Chloe Caillet
-	

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

Chloe Caillet

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)