L24000424476

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

W24000131283

10-04-2024



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09/12/24-01012--015 **150.00

ALLAHASSEE, FLORIDA

FILED 024 OCT -4 AM 1:55

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2024

GUILLERMINA BARRIOS ZANATA 2020 NE 135TH STREET APT 901 MIAMI, FL 33181 US

SUBJECT: ELEGANT EXPERIENCE, LLC

Ref. Number: W24000131283

We have received your document for ELEGANT EXPERIENCE, LLC and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your documen't, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II

Letter Number: 424A00020972

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Division of the property of th

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	
Statutes	

Statutes.	1045, Fiorida
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Con ELEGANT EXPERIENCE, LLC	version is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a DOMESTIC LIMITED LIABILITY COMPANY	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or bu	siness trust, etc.)
First organized, formed or incorporated under the laws of	a aquatar)
08/02/2023	e country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of On	rganization:
ELEGANT EXPERIENCE, 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 calenda the date this document is filed by the Florida Department of State.)	ır days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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 to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	he amount to

Signed this 27	day of	SEPTEMBER	2024	
Signature of Autho	rized Repre	esentative of Lim	ited Liability Company:	
		ર્	\	
			arrios zanata (Sep 27, 2024 13:39 EDT)	
Printed Name: GUILL	ERMINA BAI	RRIOS ZANATA	Title: AMBR	<u> </u>
Signature(s) on beh	alf of Other	Business Entity:	See below for required signate	 ure(s)
G:				
Signature: Guillermina bazru	os zanata (Sep 27, 2024 1)	ENGC ZANIATA	MANAGER MEMBER	¦
Printed Name: GUILL	ERMINA BAI	RRIUS ZANATA	Title: MANAGER MEMBER	- -
Signature:				
Printed Name:			Title:	
C.				
Signature:			Title:	<u> </u>
Timed Ivalie.			Title.	
Signature:				
Printed Name:		 	Title:	_!
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Signature:			Title:	- <u>1</u>
rinted Name:			r ttie;	-
Signature:				
Printed Name:		<u> </u>	Title:	
TATEL IN CO.				
If Florida Corporat		man Director or	Officer	
Signature of Chairma			corporator must sign.	1
II Directors of Office	is nave not c	een selected, all in	corporator must sign.	
If Florida General I	Partnership (or Limited Liabili	ity Partnership:	
Signature of one Gen	ieral Partner.			
If Florida Limited F	Partnarchin /	ar Limitad Liabili	tv Limited Partnership:	
Signatures of ALL C			ty Emited Fatthership.	
~ <u>—</u>				
All others:				
Signature of an author	orized person			
Fees:				
1 443.				
Articles of C	onversion:		\$25.00	

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

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ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIAE	BILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is	S:	
ELEGANT EXPERIENCE, LLC (Must contain the words "Limited Liabil	ity Company "LLC" or "LLC")	
(.viusi contain the words. Emilied Elabor	ny Company, E.E.C., or EEC.)	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
2020 NE 135TH STREET, APT 901	2020 NE 135TH STREET	APT 901
MIAMI, FLORIDA 33181	MIAMI, FLORIDA 33181	7
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an registered agent are:	
PAGIO'S & ASSOCIATES II, Nam		
11411		
17100 COLLINS AVE, STE.	209	
Florida street address (P.C	O. Box <u>NOT</u> acceptable)	
SUNNY ISLES BEACH	FL 33160	
City	Zip	
Having been named as registered agent and liability company at the place designated it registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accepts. I further agree to complete performance of my duties, and egistered agent as provided for grant agent (REQUIRED)	cept the appointment as y with the provisions of all id I am familiar with and

<u>Γitle:</u>	ar a sa
A NODD # = A L = -! 2 N C L	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager AMBR	GUILLERMINA BARRIOS ZANATA
TWIDI (2020 NE 135TH STREET, APT 901
	MIAMI, FLORIDA 33181
	FALLARA
Use attachment if necessary)	
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F.V. Osh annuic's 'S	SE()
LE V: Other provisions, if any.	
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REQUIRED SIGNATURE:	80
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4 N	na barrios zanata (Sep 27, 2024 13:39 EDT)

ARTICLE IV-