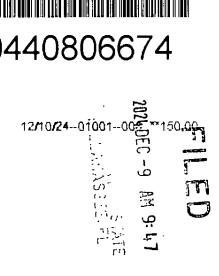
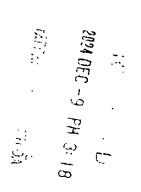
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only







### **COVER LETTER**

<b>TO:</b> New Filing Section Division of Corporations			
SUBJECT: La Bella Consulting LL	_C		
(ř	Name of Resulting Florida Lin	nited Company)	
The enclosed Articles of Convers Business Entity" into a "Florida I			
Please return all correspondence	concerning this matter to	:	
Anabell Assouline			
(Contact Pe	rson)	_	
La Bella Consulting LLC			2021
(Firm/Comp	pany)	_	2024 DEC
3250 NE 188 Street, No. 105			· ()
(Addres	s)	_	
Aventura, FL 33180			DEC -9 AM 9: 47
(City, State and	Zip Code)	_	
ana222007@gmail.com			m 💆
E-mail Address: (to be used for futu	re annual report notifications)	_	
For further information concerning	ng this matter, please call	:	
Anabell Assouline	at ( <u>305</u>	439-9588	
(Name of Contact Person)	(Area Cod	e) (Daytime Telephone Num	ber)
Enclosed is a check for the follow dollars and drawn on a bank local	<del>-</del>	processed by this office r	nust be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 F and Certifica Status		_	1
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street,	see

Tallahassee, FL 32303

## **Articles of Conversion**

For

# "Other Business Entity"

Into

## Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> 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 Articlea Bella Consulting LLC			s:
(Enter Name of Other Business Entity)		974 1	
2. The "Other Business Entity" is a	· · · · · ·	7024 DEC -	
2. The "Other Business Entity" is a	on law or busi	n <u>es</u> s trus	
First organized, formed or incorporated under the laws of	(, ) <sup>*</sup>	型	
(Enter state, or if a non-U.S. entity, the			
December 23, 2013 on .	1 -1 1	ij	
(date of organization, formation or incorporation)			
3. The name of the Florida Limited Liability Company as set forth in the attached Art	icles of Org	(anizat	ion:
La Bella Consulting 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 9 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 dat document's effective date on the Department of State's records.	te will not be l	isted 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 the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

La Dalla Cassultina I.I.C.			
La Bella Consulting LLC (Must con	ntain the words "Limited Lial	pility Company, "L.L.C.," or "LLC.")	
ADTRACT P. H. A.J			
ARTICLE II - Address an		principal office of the Limited Lia	hility Company is:
The maning address an	a street address of the	principal office of the Ellined Elli	onity Company is:
Principal Office Addr	<u>'ess:</u>	Mailing Address:	
3250 NE 188th Street, N	O 105	Same as Principal	
Aventura, FL 33180	0. 103	Carrie as i inicipal	2021
7.110110101			
			2024 DEC -
(The Limited Liability Compar- business entity with an active The name and the Flori	ny cannot serve as its own Re Florida registration.) ida street address of th	red Office, & Registered Agent's registered Agent. You must designate an individual registered agent are:	1
(The Limited Liability Compar- business entity with an active The name and the Flori	ny cannot serve as its own Re Florida registration.) ida street address of th nabell Assouline	egistered Agent. You must designate an individu	Signature:
(The Limited Liability Compar- business entity with an active The name and the Flori	ny cannot serve as its own Re Florida registration.) ida street address of th nabell Assouline	gistered Agent. You must designate an individu	Signature:
(The Limited Liability Comparbusiness entity with an active) The name and the Flori	ny cannot serve as its own Re Florida registration.) ida street address of th nabell Assouline	egistered Agent. You must designate an individual registered agent are:	Signature:
(The Limited Liability Comparbusiness entity with an active) The name and the Flori Ann	ny cannot serve as its own Re Florida registration.) ida street address of th nabell Assouline Na 50 NE 188th Street, NO.	egistered Agent. You must designate an individual registered agent are:	Signature:
(The Limited Liability Comparbusiness entity with an active) The name and the Flori Ann 325	ny cannot serve as its own Re Florida registration.) ida street address of th nabell Assouline Na 50 NE 188th Street, NO.	rgistered Agent. You must designate an individual registered agent are:  .me	Signature:

Having been named as registered agent and to accept service of process for the above stated limited 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..

Um abdl- Asorline
Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Annabell Assouline
	3250 NE 188th Street, NO. 105
	Aventura, FL 33180
	- Normana, 1 2 00 100
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(Use attachment if necessary)	
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LE V: Other provisions, if any.	
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Annable Assults	an authorized representative of a member
LE V: Other provisions, if any.  REQUIRED SIGNATURE:  Annable Asrees  Signature of a member or	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Annabel Assure  Signature of a member or  This document is executed in accordance any false information submitted in a docu	e with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Annable Assure  Signature of a member or  This document is executed in accordance	e with section 605.0203 (1) (b), Florida Statutes, I am aware
REQUIRED SIGNATURE:  Annable Assure  Signature of a member or  This document is executed in accordance any false information submitted in a docu	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware innent to the Department of State constitutes a third degree for

#### Filing Fees

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

Signed this 9th	day of December	20	<u> 24                                    </u>
Signature of Autho	orized Representative of Lim	ited Lia	ability Company:
Signature of Author	izad Representative:	all	a andrie
Printed Name Annab	rized Representative:	Title	: Managing Member
rimed rime.			
Signature(s) on beh	alf of Other Business Entity:	[See be	low for required signature(s)
Signature: U	mobell (browline)		
Printed Name: Annab	makell (Cosonline)	Title	: Managing Member
		<del></del>	
Signature:			
Printed Name:		Title	·
Signature:		m: 1	
Printed Name:		Title	:
Cianotura			
Drinted Name:		Title	:
rimed Name		/ 1000	·
Signature:			
Printed Name:		Title	:
Signature:			
Printed Name:		Title	:
If Florida Company	· · · · ·		
If Florida Corporat	non: an, Vice Chairman, Director, or	Officer	
	ers have not been selected, an In		
ii birectors or office	ito nave not occir befored, an in	corpora	in in the man in the second se
If Florida General I	Partnership or Limited Liabili	ty Part	nership:
Signature of one Ger			
	<u>Partnership or Limited Liabili</u>	<u>ty Limi</u>	ited Partnership:
Signatures of <u>ALL</u> C	ieneral Partners.		
All othoma			
All others: Signature of an authorized	orized percon		
Signature of an autic	orized person.		
<u>Fees:</u>			
Articles of C	Conversion:	\$25.0	00
	rida Articles of Organization:	\$125	
Certified Co	<del>-</del>		00 (Optional)
Certificate o	• •		Optional)