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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

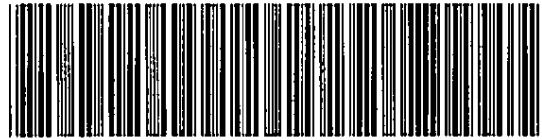
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SB  
6/30/21

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BRINGING INTIMACY BACK, INC.

Name of Resulting Florida ~~Profit~~ Corporation  
*Non Profit*

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida ~~Profit~~ Corporation" in accordance with ss. ~~607.1432 & 607.0202~~, F.S.  
*Non Profit* *617*

Please return all correspondence concerning this matter to:

EUSTACHE PATRICK MASSILLON

Contact Person

MASSILLON LAW OFFICES, PA

Firm/Company

13180 N CLEVELAND AVE - SUITE 132

Address

NORTH FORT MYERS, FL 33903-6299

City, State and Zip Code

MASSILLON.LAWOFFICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUSTACHE PATRICK MASSILLON at ( 239 ) 265-4403

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida ~~Profit~~ Corporation  
Non Profit

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida ~~Profit~~ Corporation in accordance with ss. ~~602.10913 & 607.0209~~, Florida Statutes.  
Non Profit 617

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

BRINGING INTIMACY BACK, LLC 020 = 361991

Enter Name of the Converting Entity

2. The converting entity is a LIMITED LIABILITY COMPANY,

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER 16, 2020, AND EFFECTIVE JANUARY 01, 2021

Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

BRINGING INTIMACY BACK, INC.

Enter Name of Florida ~~Profit~~ Corporation

Non Profit

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: 07/01/2021

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: 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.

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Signed this 21 day of July, 2021

Required Signature for Florida <sup>Non Profit</sup> Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

[Signature]  
Printed Name: EUSTACHE MASSILLON Title: Registered Agent

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: [Signature]  
Printed Name: EUSTACHE P MASSILLON Title: Registered Agent

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S.. (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: BRINGING INTIMACY BACK, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1404 DEL PRADO BLVD

Mailing address, if different is:

SUITE 135

SAME AS PRINCIPAL OFFICE ADDRESS

CAPE CORAL FL 33990

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RAISE AWARENESS ABOUT INTIMACY, MENTAL WELLNESS, AND HEALTHY RELATIONSHIPS NAD THEIR CONNECTIONS. EDUCATE THE PUBLIC ABOUT INTIMACY DISORDERS AND STRUGLES, MENTAL ILLNESS, AND UNHEALTHY RELATONSHIPS. HAVE A PLATFORM FOR EXPERTS TO SHARE TO THE PUBLIC THEIR KNOWLEDGE, RESOURCES, AND TIPS ON INTIMACY, MENTAL WELLNESS, AND HEALTHY RELATIONSHIPS.

OUR PURPOSE IS PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Yearly Election

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr April Brown, President/Treasuror

Name and Title: \_\_\_\_\_

Address: 1404 Del Prado Blvd Suite 135  
Cape Coral FL 33990

Address: \_\_\_\_\_

Name and Title: Dr. Kelly Bushey, Vice President

Name and Title: \_\_\_\_\_

Address: 1404 Del Prado Blvd - Suite 135  
Cape Coral FL 33990

Address: \_\_\_\_\_

Name and Title: Hayden P Lee, Secretary

Name and Title: \_\_\_\_\_

Address: 1404 Del Prado Blvd -Suite 135  
Cape Coral FL 33990

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Eustache Patrick Massillon

Address: 13180 N Cleveland Ave - Suite 132

North Fort Myers FL 33903-6299

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. April Brown

Address: 1404 Del Prado Blvd - Suite 135

Cape Coral FL 33990

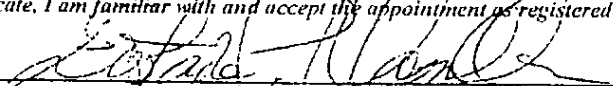
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/01/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


Note: 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

06/24/2021  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

07/22/2021  
Date