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(Re	equestor's Name)	
· (Ac	ldress)	
(Ac	ldress)	
	ty/State/Zip/Phone	- -
	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dc	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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10 DEC 16 AH 10: 2

SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: BEYON	ND THE LINE INC			
		esulting Florida Profi	t Corp	poration
				and fees are submitted to convert an ordance with s. 607.1115, F.S.
Please return all corre	espondence concerning	g this matter to:		
JOHN M ALEXANI	DROU			
	Contact Person			
	Firm/Company			
3925 PEPPERVINE	DRIVE Address			
ORLANDO FL 328				
	ity, State and Zip Code			
jalexandrou@usa E-mail address: (to	be used for future annual r	eport notification)		·
For further information	on concerning this ma	tter, please call:		
JOHN ALEXANDRO	υ	_at (_407)	737-	4410
Name of Con	tact Person	Area Code and	Daytir	me Telephone Number
Enclosed is a check f	or the following amou	int:		
12 \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Found Certified Copy	ees	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	<u>S:</u>	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporati	ions	Division of Corporations		
Clifton Building P. O. Box 6327 661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 3230		Taffahas	see, F	¹L 32314

FILED SECRETARY OF STATE DIVISION OF COMPORATION

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

10 DEC 16 AM 10: 21

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

riorida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
BEYOND THE LINE LLC L1-123739
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC (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 DECEMBER 1, 2010
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> BEYOND THE LINE INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 01-01-2011 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this <u>13</u> day of <u>DECEMBE</u>	2 <u>, 20</u> 1 <i>0</i> .	
Required Signature for Florida Profit Corporat	ion:	
Individual signing affirms that the facts stated in th		ition constitutes
a third degree felony as provided for in s.817.155,		
Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have	not been
selected, an Incorporator: Printed Name: JOHN M ALEXANDROU Title:	PRESIDENT / DIRECTOR	
Required Signature(s) on behalf of Other Business	s Entity: Individual(s) signing affirm(s)	that the facts
stated in this document are true. Any false informates.817.155, F.S. [See below for required signature(s).]	tion constitutes a third degree felony as	provided for in
Signature:		
Printed Name: JOHN M ALEXANDROD	Title: PRESIDENT.	
Signature:		
Signature: Printed Name:	_ Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	_ Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion:	\$35.00	
Fees for Florida Articles of Incorporation:	\$70.00	
Certified Copy:	\$8.75 (Optional)	
Certificate of Status:	\$8.75 (Optional)	

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N	AME DEVONE	. .			
The name of the corp	oration shall be: BEYOND) THE LIP	ME INC		
ARTICLE II P	RINCIPAL OFFICE				
2005 BEBB	Principal street address	N	Aailing address, if diffe	rent is:	
	ERVINE DRIVE	* .			
ORLANDO FI	. 32828				
···					
ARTICLE III P	URPOSE				
The purpose for which	th the corporation is organized is:				
ARTICLE IV S	ND ANY LA	WFUL	BUSIN	ES	S
The number of shares	of stock is: 1000				
ARTICLE V I	NITIAL OFFICERS AND/OR DIREC	~70005			
	JOHN M ALEXANDROU, PRESIDENT / SECRETARY				
Address:	3925 PEPPERVINE DR ORLANDO FL 32828	Address:			
			<u> </u>		
Ni I Wid-	- CHANNON M ALEYANDDOLL / TDEACLDED	NT 170%1			
Address:	SHANNON M ALEXANDROU / TREASURER 3925 PEPPERVINE DR ORLANDO FL 32828				
Address.	3925 PEPPERVINE DR ORLANDO FE 32828	Address.			
					
				·	
	·				
Address:		Address:	**		
		·····	JOHN M ALEXANDROU		9
			SOUTH # ALEXANDROO	- 5	38
ARTICLE VI R	EGISTERED AGENT				
The name and Florid	la street address (P.O. Box NOT accepta	ble) of the registered ager	nt is:	2	2-m
Name:	JOHN M ALEXANDROU			=	
Address:	3925 PEPPERVINE DR ORLANDO FL 32828			٠.	-8×F
		<u> </u>		7	
ARTICLE VII II	VCORPORATOR			3	್ರಾಕ್ಟ್ರೀ ಇತ್ತಿಗ್ರು:
	ss of the Incorporator is:			2	
Name:	JOHN M ALEXANDROU			~	5.7
Address:	3925 PEPPERVINE DR ORLANDO FL 32828				75
Having heen named	as registered agent to accept service of p	recess for the above sta	ted cornoration at the	nl <i>ace de</i> sio	nated in
	familiar with and accept the appointment				naica in
السسنے ا			-		
		12/13	3/10		
Require	d Signature/Registered Agent	Date			
	ent and affirm that the facts stated herei arti nent of State constitutes a third degree			tion submi	itted in a
		I.	2/10		
n 1	Signature/Imageneration		3/10.		
Required	Signature/Incorporator	/ Date			