LICOUSE

, (Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bi	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



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05/31/16--01030--027 **\$5.00



EXPECTIVE DATE

JUN 0 6 2016 S. YOUNG

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: SKIN T	YPE SOLUTIONS FRANC	CHISE SYSTEM, LLC	
SUBJECT		a Limited Liability Compar	ny
	les of Conversion and f Company" into an "Othe		
Please return all co	rrespondence concernii	ng this matter to:	
Roger Baumann			
	Contact Person		
SKIN TYPE SOLUTI	ONS FRANCHISE SYSTE	M, LLC	
	Firm/Company		د.
4500 Biscayne Boulev	ard #320		\widetilde{c}
	Address		
Miami, FL 33137			
	City, State and Zip Code		
rab@skintypesolution			
E-mail address: (to be used for future annual	report notification)	
For further informa	tion concerning this ma	atter, please call:	
Roger Baumann		at $(\frac{305}{})^{675}$	i-2659
Name of Contact	Person		ytime Telephone Number
Enclosed is a check	for the following amo	unt:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee and Certificate of Status	■\$55.00 Filing Fee and Certified Copy	\$60.00 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE	929	MAILING	ADDRESS.

Registration Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E106 (07/14)

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

SKIN TYPE SOLUTIONS FRANCHISE SYSTEM, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

SKIN TYPE SOLUTIONS FRANCHISE SYSTEM, LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

organized, formed or incorporated under the laws of Delaware

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

on May 4, 2016

(Date of organization, formation or incorporation)

and the formation document is attached (if applicable).

- 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
- 5. This conversion shall be effective in Florida on: June 8, 2016

 (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 of the conversion under the laws governing the "Other Business Entity.")

<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.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	Roger Baumann, SKIN TYPE SOLUTIONS FRANCHISE SYSTEM, LLC		
	4500 Biscayne Boulevard #320, Miami, FL 33137		
Mailing Address:	Roger Baumann, SKIN TYPE SOLUTIONS FRANCHISE SYSTEM, LLC		
_	4500 Biscayne Boulevard #320, Miami, FL 33137		
appraisal rights that and 605.1061-605	· •		
Signed this 27	$\frac{1}{2}$ day of $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$		
Signature:	Must be signed by a Member or Authorized Representative		
Printed Name: Leslie	Baumann Title: Manager and member		
Fees: Filing Fee: Certified Cop Certificate of	· · · · · · · · · · · · · · · · · · ·		