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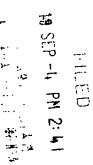
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BEEFRIENDLY SKIN LLC
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
Wendy Hefley
(Contact Person)
InCorp Services, Inc.
(Firm/Company)
3773 Howard Hughes Pkwy, Suite 500S
(Address)
Las Vegas, NV 89169-6014
(City, State and Zip Code)
documents@incorp.com
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Wendy Hefley for InCorp Services, Inc. at (702) 866-2500 ext 6904 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)
■ \$150.00 Filing Fees (\$25 for Conversion & Granization) □ \$155.00 Filing Fees and Certified Copy □ \$180.00 Filing Fees and Certified Copy □ \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filing Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

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.

The name of the "Other Business Entity" immediately prior to the filing of the Artic	les of Conversion is:
BEEFRIENDLY, LLC	
(Enter Name of Other Business Entity)	_
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type. Example: corporation, limited partnership, general partnership, comm	non law or business trust, etc.)
First organized, formed or incorporated under the laws of New York (Enter state, or if a non-U.S. entity, the	ne name of the country)
on 12/24/2013 (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Art BEEFRIENDLY SKIN LLC	ticles of Organization:
(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 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 document's effective date on the Department of State's records.	
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 apprawhich such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	risal rights the amount to
	SEP-4
	P-4 PP
•	63

Signed this 12nd day of August	20_19
Signature of Authorized Representative	
Signature of Authorized Representative:	Alren _
Printed Name: Octavio M Pereira	Tile Manager
Printed Name: Octavio in Ferena	Title: Manager
	s Entity: [See below for required signature(s)]
Signature: Wetcher	<u> </u>
Printed Name: Octavio M Pereira	Title: Manager
0.	
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
a.	
Signature:	77' 1
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, D	irector, or Officer.
If Directors or Officers have not been select	cted, an Incorporator must sign.
16 TH. 13 C	
If Florida General Partnership or Limit Signature of one General Partner.	ed Liability Partnership:
Signature of one Octicial Fatther.	
If Florida Limited Partnership or Limit	ed Liability Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
Fees:	
	
Articles of Conversion:	\$25.00

\$125.00

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

Fees for Florida Articles of Organization:

Certified Copy: Certificate of Status: 18 SEP -4 PM 2: 41

ARTICLE I - Name: The name of the Limited Liability Compan	ıy is:		
BEEFRIENDLY SKIN LLC			
(Must contain the words "Limited L	iability Company.	"L.L.C.," or "LLC	`.")
ARTICLE II - Address:			
The mailing address and street address of t	he principal of	fice of the Lir	nited Liability Compan
Principal Office Address:	Mailin	Address:	
9100 Conroy Windermere Road	9100 Co	onroy Winderme	re Road
Suite 200	9100 Conroy Windermere Road Suite 200		<u> </u>
Windermere, FL 34786	Windern	nere, FL 34786	
	rp Services, Inc. Name		_
1	Name 67th Court North	T acceptable)	_ _ }
17888	Name 67th Court North (P.O. Box <u>NO</u>	T acceptable)	-
17888 of Florida street address	Name 67th Court North		-
Florida street address Loxahatchee City Having been named as registered agent a liability company at the place designal registered agent and agree to act in this contact statutes relating to the proper and compacted the obligations of my position and compacted the obligations of my position and compacted the obligations of my position of the proper and compacted the obligations of my position of the proper and compacted the obligations of my position of the proper and compacted the obligations of my position of the proper and compacted the obligations of my position of the proper and compacted the obligations of my position of the proper and compacted the obligations of the proper and compacted the proper and co	Name 67th Court North (P.O. Box <u>NO</u> FL and to accept so ted in this certi apacity. I furth elete performants registered as	33470 Zip grvice of proce ficate, I hereby her agree to co ce of my dutie gent as provide ndy Hefley on be	ess for the above stated l waccept the appointmen omply with the provision ss, and I am familiar with ed for in Chapter 605, F
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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Octavio M Pereira
	9100 Conroy Windermere Rd, Ste. 200 Windermere, FL 34786
MGR	Cynthia M Pereira
	9100 Conroy Windermere Rd, Ste. 200 Windermere, FL 34786
(Use attachment if necessary)	
CLE V: Other provisions, if any.	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.

Octavio M Pereira, Manager

Typed or printed name of signee

Filing Fees

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