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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(D.	-i	
(Bu	siness Entity Nai	me)
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Certified Copies	Certificate	s of Status
Special Instructions to	Eiling Officer:	
Special instructions to	Filling Officer.	

Office Use Only



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COVER LETTER

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		CO CR DI	LILI				
TO: New Filing So Division of Co	ection orporations						
SUBJECT: BRING	GING INTIMACY B	ACK, INC.					
		f Resulting Florida	A Profit	-Corporation			
curry into a Lifturda &	of Conversion, Articles	of Incorporation, a	and fee	s are submitted to convert the f	ollowing	eligible	
Please return all corres	spondence concerning th	is matter to:		01T			
EUSTACHE PA	TRICK MASSILLO	N					
	Contact Person		-				
MASSILLON LAV	VOFFICES, PA						
 _	Firm/Company		-				
13180 N CLEVEI	LAND AVE - SUITE	E 132				2#2	
	Address		-		73	2 1 21 JUN (
NORTH FORT	MYERS, FL 33903	-6299				N 28	g
	City, State and Zip Coo	le	-		(e)	PH	[1]
MASSILLON.LA	WOFFICES@GMA	IL:COM			事に	4 2: 3	O
E-mail address: (t	o be used for future ann	ual report notificat	tion)		and it	<u>သ</u>	
For further information EUSTACHE PATE	concerning this matter, RICK MASSILLON	220	26	65-4403	•		
<u></u>	ontact Person	_at (J	Daytime Telephone Number			
Enclosed is a check for	the following amount:			Sujume retephone reamber			
□ \$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Co	Fees	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status			
Mailing Address New Filing Section of Co P.O. Box 6327 Tallahassee, FI	etion rporations	ז I T	New Fi Division The Ce	Address: iling Section on of Corporations ontre of Tallahassec			

Tallahassee, FL 32303

Articles of Conversion Converting Eligible Entity Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to conven the following eligible husiness entity into a Florida Profit Corporation in accordance with ss. (1971-1971-18-207-0202), Florida Statutes. 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: BRINGING, INTIMACY, BACK, LLC 20 = 34 1991 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 ELORIDA (Enter state, or if a non-U.S. entity, the name of the country)

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.

- Control of the Cont	
Non Profit Required Signature for Florida Emili Corporation:	
Signature of Director, Officer, or, Wirectors or Officers have n	
Vestain 16	_ ()
Printed Name: WSTACHE MASSILATINE: NOO15	stered Agent
Required Signature(s) on behalf of Converting Florida partreompanies: [See below for required signature(s).]	terships, limited partnerships, and limited liability
$\chi = \frac{1}{2} \left(\frac{1}{2} \left(\frac{1}{2} \right) \right)$	A CONTRACT OF THE PROPERTY OF THE PARTY OF T
Printed Name: EUSTACHE PMASSILLON Title:	
Signature:	
Printed Name: Title:	
Signature:	
Printed Name: Title:	
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Signature:	
Printed Name:Title:	•
Signature:	
Printed Name:Title:	•
If Florida General Partnership or Limited Liability Partners Signature of one General Partner.	ship:
If Florida Limited Partnership or Limited Liability Limited Signatures of ALL General Partners.	Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	2 P F
All others: Signature of an authorized person.	2:3
Fccs:	ĸ
Articles of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00	
	Optional) Optional)

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

ANTICLET	PRINCIPAL OFFICE			
140	Principal <u>street</u> address: 94 DEL PRADO BLVD	Mailing addre	Mailing address, if different is:	
SU	ITE 135	SAME AS PRINCIPAL (SAME AS PRINCIPAL OFFICE ADDRESS	
CA	PE CORAL FL 33990			
The purpose	II PURPOSE for which the corporation is organized is: RELATIONSHIPS NAD THEIR CONNEC	RAISE AWARENESS ABOUT INTIMA	ACY, MEMTAL WELLNESS, AN	
	GLES, MENTAL ILLNESS, AND UNHEA			
SHARE TO	THE PUBLIC THEIR KNOWLEDGE, RE	ESOURCES, AND TIPS ON INTIMAC	Y, MENTAL WELLNESS, AND	
HEALTHY	RELATIONSHIPS.			
OUR PURP	OSE IS PURSUANT TO SECTION 501(C)		ODE.	
1 <i>RTIÇLE I</i> I	/ MANNER OF ELECTION The man	ner in which the directors are elected and	appointed: Yearly Election	
RTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS		
Name and Ti	INITIAL OFFICERS AND/OR DIRECTOR Dr April Brown, President/Treasuror 1404 Del Prado Blyd, Suite 135	TORS Name and Title.		
<i>RTICLE V</i> Same and Ti	INITIAL OFFICERS AND/OR DIRECT DIRECT DISTANCE DI April Brown, President/Treasuror de:	TORS Name and Title.		
RTICLE V Same and Ti	INITIAL OFFICERS AND/OR DIRECTION OF April Brown, President/Treasuror 1404 Det Prado Blvd Suite 135 Cape Coral FL 33990 Dr. Kelly Bushey, Vice President	Name and TitleAddress:	2121 JUN 28	
Name and Ti	INITIAL OFFICERS AND/OR DIRECTION OF April Brown, President/Treasuror 1404 Det Prado Blvd Suite 135 Cape Coral FL 33990 Dr. Kelly Bushey, Vice President	Name and Title. Address: Name and Title:	2121 JUN 28 PM	
RTICLE V Same and Ti	INITIAL OFFICERS AND/OR DIRECTED The Dr. April Brown, President/Treasuror 1404 Del Prado Blvd Suite 135 Cape Coral FL 33990 Dr. Kelly Bushey, Vice President	Name and TitleAddress:	2121 JUN 28	
Same and Ti	INITIAL OFFICERS AND/OR DIRECTED IN April Brown, President/Treasuror 1404 Del Prado Blvd Suite 135 Cape Coral FL 33990 Dr. Kelly Bushey, Vice President 1404 Del Prado Blvd - Suite 135 Cape Coral FL 33990	Name and Title. Address: Name and Title: Address.	2121 JUN 28 PM 2:	
Name and Ti Address	INITIAL OFFICERS AND/OR DIRECTION Ile: Dr April Brown, President/Treasuror 1404 Del Prado Blvd Suite 135 Cape Coral FL 33990 Dr. Kelly Bushey, Vice President 1404 Del Prado Blvd - Suite 135	Name and Title. Address: Name and Title:	2121 JUN 28 PM 2:	

Name and Title	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
(PTICLE VI	DECICE DED. ACCOUR
The name and F	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	REGISTERED AGENT Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Eustache Patrick Massillon 13180 N Cleveland Ave - Suite 132
Address:	13180 N Cleveland Ave - Suite 132
	North Fort Myers FL 33903-6299
ARTICLE VII	- INCORPORATOR - 一つ
ine <u>name and a</u>	ddress of the Incorporator is:
Name:	Dr. April Brown
Address:	1404 Del Prado Blvd - Suite 135
	Cape Coral FL 33990
4RTICLE VIII	EFFECTIVE DATE: 07/01/2021
Effective date, if	other than the date of filing: (OPTIONAL)
Il an effective o	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 stive date on the Department of State's records.
ocument's effec	tive date on the Department of State's records.
laving been nar	ned as registered upon to accompany of process for the above stated corporation at the place designant in the
certificate, I am f	ned as registered ugent to accept service of process for the above stated corporation at the place designated in this amiliar with and accept the appointment as registered agent and agree to act in this capacity
<u> بن</u> زمه میرسر	atalo 1 and 06/24/2021
	Required Signature of Registered Agent Date
submit this docu he Depar <u>ymen</u> t-o,	iment and affirm that the facts stated herein are true. I am aware that any fulse information submitted in a document to f state constitutes of third degree felons as provided for in s. 817.155, F.S.
1 Fint	21/202/ 07/22/202/
	Required Signature of Incorporator Date

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