

P080000015802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

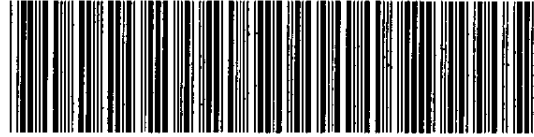
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/24/08--01013--009 **122.50

Signature / Inc.

G. MCLEOD
JUL 11 2008
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 10 AM 10:14

W08-30659

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUSION MASSAGE AND FITNESS
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ORLANDO PEREZ-CRESPO
(Contact Person)

FUSION MASSAGE AND FITNESS
(Firm/Company)

2526 A TAMPA BAY BLVD
(Address)

TAMPA FL 33607
(City, State and Zip Code)

For further information concerning this matter, please call:

KETLY URIARTE at (813) 217-5511
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> ^{Sent} \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|---|

STREET ADDRESS:

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

MAILING ADDRESS:

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

GIM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 JUL 10 AM 10:14

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Orlando Perez-Crespo DBA Fusion Massage and Fitness
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a sole proprietorship
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, 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 April 18 2007
(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:

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

Fusion Massage and Fitness
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: _____
(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.)

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

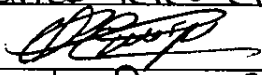
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Orlando Perez-Crespo

Printed Name: Orlando Perez-Crespo Title: Director

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: Orlando Perez-Crespo Title: Director

Signature: 

Printed Name: Orlando Perez-Crespo Title: Incorporator

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:

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 NAME

The name of the corporation shall be:

FUSION MASSAGE AND FITNESS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2526 A TAMPA BAY BLVD
TAMPA FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health and Rehabilitation

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Orlando Perez-Crespo
10209 N. 23 ST, Tampa FL 33612
Title : Owner-Director

ARTICLE VI REGISTERED AGENT

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

Orlando Perez-Crespo
2526A Tampa Bay Blvd
Tampa FL 33607

ARTICLE VII INCORPORATOR

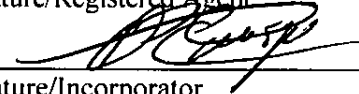
The name and address of the Incorporator is:

Orlando Perez-Grespo
10209 N. 23 ST Tampa FL 33612

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



Signature/Registered Agent



Signature/Incorporator

7/2/08

Date

7/2/08

Date