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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAY -3 2010

**EXAMINER** 

### **COVER LETTER**

Division of Corporations
SUBJECT: The Healthy Chefin C., 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:
Tohn Procacci Contact Person
The Healthy Chefine Firm/Company  The He
1435 Howell Branch Rd Suite C  Address  Winter Park Fl 32789
Winter Park, FL 32789 City, State and Zip Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at ( 401 ) 339 2433  Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy Certificate of Status \$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## **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:
The Healthy Chef LLC #L1000002031
Enter Name of Other Business Entity
2. The "Other Business Entity" is a The Healthy Chet, Inc.
(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 Florice
(Enter state, or if a non-U.S. entity, the name of the country)
Enter date "Other Business Entity" was first organized, formed or incorporated
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:
The Healthy Chefine
Enter Name of Florida Profit Corporation
5. If you afficiency who days of Citizen country has afficient days
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

Signed this 22 day of April	, 20 <u>1 O</u>		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman, Director, Cheen selected, an Incorporator:  Printed Name: Tohn Procacci Title:	Officer, or, if Directors or Officers have not		
Required Signature(s) on behalf of Other Business signature(s).]  Signature:	<del></del> •		
Signature: Printed Name: Signature: Printed Name: Signature: Printed Name: Signature: Si			
Signature:Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title:		
Signature:Printed Name:			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	HETA A		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	O M 8: 28 RY OF STATE SSEE, FLORED		
All others: Signature of an authorized person.	A 8: 28  OF STATE FLORIDA		
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$ 8.75 (Optional) \$ 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:

The Healthy Chef, inc	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1435 Howell Branch Rd. Swite C  Winter Park, FL 32789  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  For Profit Organization in Good Service	
ARTICLE IV SHARES The number of shares of stock is: 1,000,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(cs) and specific title(s): John Procacci, President Wendy Procacci Vice President	TO APR 30 AM 8: 28 TO APR 30 AM 8: 28 SECRETARY OF STATE SAULAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  John Procacci  1435 Howell Branch Rd Swite C  Winter Park, FL 32789  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  John Procacci  P	28 TATE ORIĐ¢
Winter Park, FL 32789	
Having been named as registered agent to accept service of process for the above stated designated in this certificate. I am familiar with and accept the appointment as registered agencupacity  Signature/Registered Agent	corporation at the place
Signature/Incorporator	Date