| (Requestor's Name |) |
|---|--------------|
| . (Address) | |
| (Address) | |
| (City/State/Zip/Pho | ne #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Na | ame) |
| (Document Numbe | <u>r)</u> |
| Certified Copies Certificate | es of Status |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

Office Use Only

6/21/208



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G. MCLEOD

MAY 21 2010

EXAMINER

COVER LETTER

NEED TO BAK

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Lifetime Both Systems of Horisa Twe. 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: | | |
| Contact Person | | |
| Lifetime BAHH Systoms Firm/Company | | |
| 6835 NARCOOSSEE Pol #17 Address | | |
| OPLANTS HA. 32822 City, State and Zip Code | | |
| TERRY Q Lifetime Baff Systems. (cm. E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: TERRY COURSE at (407) 207-0014 Name of Contact Person Area Code and Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| \$105.00 Filing Fees S113.75 Filing Fees and Certificate of and Certified Copy and Certificate of Status \$113.75 Filing Fees and Certified Copy and Certificate of Status | | |
| STREET ADDRESS: Registration Section Registration Section | | |
| NEVISORIUM ACCIONI | | |

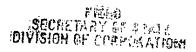
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Certificate of Conversion For

"Other Business Entity"

Into Florida Profit Corporation



#0 MAY 20 AM 7: 55

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: |
| of Conversion is: Life fine BAH Systems of LLC Enter Name of Other Business Entity |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a Limsten Limbs Life 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 Florida. (Enter state, or if a non-U.S. entity, the name of the country) |
| on |
| 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: Life times Bath Systems of A. |
| 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; <u>AND</u> 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 6 day of MAY | , 20 <u>10</u> . | | |
|--|--|--|--|
| Required Signature for Florida Profit Corporation: | | | |
| Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: Title: | Officer, or, if Directors or Officers have not | | |
| Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] | | | |
| Signature: | Title: Member Our New | | |
| Signature: | | | |
| Printed Name: | Title: | | |
| Signature: | | | |
| Printed Name: | | | |
| Git | | | |
| Signature:Printed Name: | Title | | |
| ramed Name. | | | |
| Signature: | | | |
| Printed Name: | Title: | | |
| Signatura. | | | |
| Signature: Printed Name: | Title | | |
| 1 Inter Ivanie. | Title. | | |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. | | | |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative | | | |
| All others: Signature of an authorized person. | | | |
| 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)

Litetime Bath Systems of Floride, Inc.

ARTICLE I NAME

The name of the corporation shall be:

| ARTICLE II PRINCIPAL OFFICE |
|--|
| The principal place of business/mailing address is: |
| 6835 NARCOUSSEE Rd. \$17 |
| ORLANDO MA 3283L |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: |
| For Profit Business |
| 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): |
| TERRANCE P. COWOW 7. 6835 NARCOOSEERL. 417, OPLANDER 3213 |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: IEDANUE TO GOULD (835 NAUCOS SCLES Pd. #17 ORIALIO FID. 32822 |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| TERRAME P. GOWEN |
| 6835 NALCOOSSES Rd. #17 |
| |
| 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 |
| |
| 6/5/10 |
| Signature/Registered Teent Date |
| /steen / L/ |
| Signature/Incorporato Date |
| |