

P1000066329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

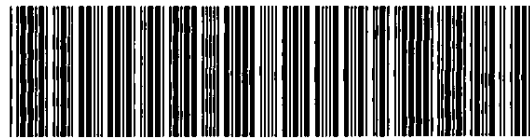
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

OK to correct per  
Customer

610A-19460

Office Use Only



100183434661

07/22/10--01024--030 \*\*113.75

FILED  
10 AUG 11 PM 4:48  
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 27 2010

EXAMINER

1010A-19460



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2010

NOHORA P TRIANA  
3625 W CYPRESS ST  
TAMPA, FL 33607

SUBJECT: CYPRESS WELLNESS CENTER LLC  
Ref. Number: W10000035156

We have received your document for CYPRESS WELLNESS CENTER LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 110A00018166

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CYPRESS WELLNESS CENTER, INC

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:

NOHORA P TRIANA

Contact Person

CYPRESS WELLNESS CENTER LLC

Firm/Company

3625 W CYPRESS ST.

Address

TAMPA, FL 33607

City, State and Zip Code

CYPRESSWELLNESSCENTER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOHORA P TRIANA

Name of Contact Person

at ( 813 )

876-4686

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☒ \$113.75 Filing Fees  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☐ \$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

**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.

FILED  
10 AUG 11 PM 4:48  
TALLAHASSEE  
FLORIDA  
DEPT. OF STATE

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

CYPRESS WELLNESS CENTER L L C

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC LC9000089245  
(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 SEPTEMBER 15 2009  
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:

N/A

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

CYPRESS WELLNESS CENTER INC

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 16<sup>th</sup> day of July, 2010.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: N. Triana

Printed Name: NOHORA TRIANA Title: PRESIDENT

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

Signature: N. Triana

Printed Name: NOHORA TRIANA Title: MGR

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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:

CYPRESS WELLNESS CENTER INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3249  
3625 W. CYPRESS ST Ste C  
TAMPA, FL 33607

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS ACTIVITY

**ARTICLE IV    SHARES**

The number of shares of stock is:

1000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

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

NOHORA P TRIANA    PRESIDENT

**ARTICLE VI    REGISTERED AGENT**

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

3249  
NOHORA P TRIANA  
3625 W CYPRESS ST. Ste C  
TAMPA, FL 33607

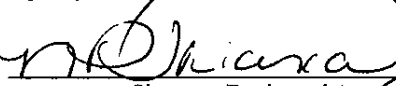
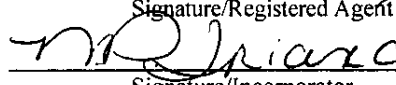
**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

3249  
NOHORA P TRIANA  
3625 W CYPRESS ST. Ste C  
TAMPA, FL 33607

\*\*\*\*\*

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

07-16-2010

Date

07-16-2010

Date

FILED  
10 AUG 11 PM 4:48  
TAMPA, FLORIDA  
CLERK OF STATE