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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration S Division of C				
SUBJ	ECT: In Style	Salon LLC			
		Name of R	Lesulting Florida Prof	it Corpo	ration
					and fees are submitted to convert an rdance with s. 607.1115, F.S.
Please	return all corr	espondence concernin	g this matter to:		
Rach	el Siu				
		Contact Person			
Siu 8	& Zanowick,	CPAs	_		
		Firm/Company			
<u>5100</u>	Old Howell Br	anch Road			
		Address			
Winte	er Park, Florid	la 32792			
	C	City, State and Zip Code			
rsiu8	88@gmail.c	om be used for future annual r	eport notification)		
For fu	rther informati	on concerning this ma	tter, please call:		
Rach	el Siu		at (407	679-2	433
	Name of Con	tact Person		Daytim	e Telephone Number
Enclo	sed is a check t	for the following amou	ınt:		
5 10	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing I and Certified Copy	y	\$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

850-245-6928



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2011

RACHEL SIU SIU & ZANOWICK, CPAS 5100 OLD HOWELL BRANCH ROAD WINTER PARK, FL 32792

SUBJECT: IN STYLE SALON, INC Ref. Number: W11000040444

We have received your document for IN STYLE SALON, INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date 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 of the conversion under the laws governing the other business entity.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

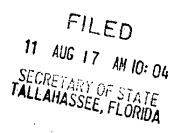
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 611A00018149

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



This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
In Style Salon LLC L1 - 49879
Enter Name of Other Business Entity
2. The "Other Business 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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on May 10, 2010
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 <u>attached Articles of Incorporation</u> :
In Style Salon, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: September 7, 2011 (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.)
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

conversion.

Signed thisday of	, 20_11	
Required Signature for Florida Profit Corporat Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155,	is document are true. Any false informa	ation constitutes
Signature of Chairman, Vice Chairman, Director, Conselected, an Incorporator: X Printed Name: Nam Phu Title:	Officer or, if Directors or Officers have president	not been
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informates.817.155, F.S. [See below for required signature(s).]	tion constitutes a third degree felony as	
Signature:	Title: MGRM	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title	
Timed Name.	Title.	·
Signature:	That	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit	v Limited Partnership:	
Signatures of <u>ALL</u> 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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, , , , , , , , , , , , , , , , , , ,		S OF INCORPORATION	
	In compliance with Cha	pter 607 and/or Chapter 62	1, F.S. (Profit) 11 AUG 17 AM 10: 04
ARTICLE I The name of the cor	NAME Poration shall be: In Style	Salon In	AIT IU: U4
		Jaion, ii	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:
	llegiate Way		
Orlando, FL	32817		
	PURPOSE ich the corporation is organized is:		
To transact any I	awful business for which corporat	ions may be incorporated	under the Florida General Corporation Act.
,	•	•	·
ARTICLE IV	SHARES		
The number of share	es of stock is: 1,000		
ARTICLE V	<u>INITIAL OFFICERS AND/OR I</u>	DIRECTORS	
Name and Tit	le: Nam T. Phu	Name and T	
Address:	12098 Coffegiate Way	Address:	12098 Collegiate Way Orlando, FL 32817
	Orlando, FL 32817	 -	Offaired, FL 32017
Nows and Tit	Lo. Dee Ouech	Name and T	Calar Sona Av
Name and Tit Address:		Name and T Address:	12098 Collegiate Way
Addiess.	12098 Collegiate Way Orlando, FL 32817	Address.	Orlando, FL 32817
Name and Tit	le: Vouch Ku	Name and T	itle: Ban Ohu
Address:	12098 Collegiate Way	Address:	12098 Collegiate Way
radios.	Orlando, FL 32817	71441005.	Orlando, FL 32817
			Nam T. Phu
	REGISTERED AGENT ida street address (P.O. Box NOT a Nam T. Phu 12098 Collegiate Way Orlando, FL 32817	acceptable) of the registered	agent is:
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Nam T. Phu		
Address:	12098 Collegiate Way		
	Orlando, FL 32817	 	
	d as registered agent to accept servi familiar with and accept the appoir		stated corporation at the place designated in and agree to act in this capacity
177	<i>M</i>	7)///
X Danie	red Signature/Registered Agent		<u> </u>
I submit this docum	nent and affirm that the facts states	d herein are true. I am aw	are that any false information submitted in a
accument to the De	partment of State constitutes a third	uegree jeiony as proviaea j	vi iii 3.01/.133, F.3.
x -////	1- //L	フジ	P/-//
Require	d Signature/Incorporator		0/-// Date