P110000090625

(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:				
·				

Office Use Only



400213159124

10/14/11--01031--003 **122.50

FILED 11 OCT 14 PM 1: 07 SECRETARY OF STATE

J. BRYAN

OCT 17 2011

EXAMINER

COVER LETTER

TO: Registration	Section			
Division of O	Corporations			
SUBJECT: AHA S		AHA Specialties, Inc		
	Name of l	Resulting Florida Profit Co	rporation	
		rticles of Incorporation of the Corporation of the		
Please return all cor	respondence concernir	g this matter to:		
Waseem Ansari /	Shireen Ansari			
	Contact Person			題と
AHA Specialties		·		A OCT 14 PH 1: OF
	Firm/Company			To .
14138 Fox Glove S				CAND.
	Address			•
Winter Garden, Fl				
(City, State and Zip Code			
waseemansari@ E-mail address: (to	hotmail.com be used for future annual r	eport notification)		
For further informati	ion concerning this ma	tter, please call:		
Waseem Ansari		at (321) 231	-9409	
Name of Cor	ntact Person		me Telephone Number	
Enclosed is a check f	for the following amou	nt:	·	
□ \$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 <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:
AHA Specialties, LLC # 10000 109071
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company
AHA Specialties, LLC 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 pan LLS entity, the same of the country)
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 10/19/2010
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 parts of the Florida Partial Conversion as at forth in the attached Artials of Incorporation.
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
AHA Specialties, 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.)
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 conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 13 day of October	, 20_11
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the	tion: his document are true. Any false information constitutes
a third degree felony as provided for in s.817.155,	F.S.
Signature of Chairman, Vice Chairman, Director, Selected, an Incorporator:	Officer, or, if Directors or Officers have not been
Printed Name: Shireen Ansari Title:	President
stated in this document are true. Any false informa s.817.155, F.S. [See below for required signature(s). Signature:	•
Printed Name: Waseem Ansari	Title: MGR
Signature:Printed Name:	
Signature:Printed Name:	_Title:
Signature:Printed Name:	Title: Title: Title:
Signature:Printed Name:	
,	
Signature: Printed Name:	_ Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:
If Florida Limited Partnership or Limited Liabilit	v 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: 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 The name of the co	NAME orporation shall be: AHA Sp	ecialties Inc	
ARTICLE II	PRINCIPAL OFFICE	ooiaitioo, iiio.	
211(11011011111111111111111111111111111	Principal street address	Mailing address, i	f different is:
14138 F	ox Glove St.,		
Winter Ga	arden, FL 34787		
ARTICLE III	PIMPAGE		
	which the corporation is organized is:		
Ret			
ARTICLE IV The number of sha	SHARES		全集 8 71
The number of sha	ires of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIR	<u>ECTORS</u>	3年上
Name and T	itle: Shireen Ansan / President	Name and Title:	= 22 n1
Address:	14138 Fox Glove St	Address:	MO TE
	Winter Garden, FL 34787		
			- - 0 - 0
Nama and T	ille: Waseem Ansarl / Vice President	Name and Title:	
Address:		Address:	7 2
Addiess,	14138 Fox Glove St Winter Garden, FL 34787	Addiess.	
	itle:	Name and Title:	
Address:		Address:	
		Worsen America	
		With the state of	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT accep	stable) of the registered agent is:	
Name:	Waseem Ansari		
Address:	14138 Fox Glove St		
	Winter Garden, FL 34787		
ARTICLE VII			
	<u>Iress</u> of the Incorporator is:		
Name:	Shireen Ansarı		
Address:	14138 Fox Glove St		
	Winter Garden, FL 34787		
Having been name	ed as registered agent to accept service of	f process for the above stated corporation a	t the nlace designated in
		nt as registered agent and agree to act in this	
····		** *** · • • *** · • • • • • • • • • • •	
ı	MAN huse	10/13/2011	
Dogui	red Signature/Registered Agent	Date	
Requi	ieu Signatuie/Registereu Agent	Date	
I submit this docu	ment and affirm that the facts stated her	ein are true. I am aware that any false inf	ormation submitted in a
		ee felony as provided for in s.817.155, F.S.	
		· · · · · · · · · · · · · · · · · ·	
	Sungar	10/13/2011	
Require	ed Signature/Incorporator	Date	