## P12000077490

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL .		
(Ві	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

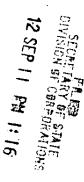
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B. KOHR
SEP 13 2012
EXAMINER



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TO:	O: Registration Section Division of Corporations			
SUBJ	IECT: Greg F	ashion Salon Inc.		
			Lesulting Florida Profit Corp	poration
				and fees are submitted to ordance with s. 607.1115,
Please	e return all corr	espondence concerning	g this matter to:	
Jorge	Hernandez			
		Contact Person		
Greg	Fashion Sa	alon Inc.		
		Firm/Company		
1380	9 County Road	1 455 , Suite 103	**************************************	
		Address		
Clern	nont FL 347	11		
		ity, State and Zip Code	,	
E	E-mail address: (to	be used for future annual r	eport notification)	
For fu	rther informati	on concerning this ma	tter, please call:	
Jorge	e Hernandez		at (407 ) 580	8999
	Name of Con	tact Person		me Telephone Number
Enclo	sed is a check f	or the following amou	nnt:	
<b>□</b> \$10	05.00 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
Regis Divisi Clifto 2661	tration Section ion of Corporat in Building Executive Cent nassee, FL 323	ions er Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27

## 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:
Greg Fashion Salon LLC.
Enter Name of Other Business Entity
2. The "Other Business Entity" is aLimited 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 10/06/2011  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:
Florida
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Greg Fashion Salon Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 10/06/2011  (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 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 09 day of 07	20 /2
•	
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, I	is document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have not been
selected, an Incorporator: 0090 /-/ Printed Name: Jorge Hernandez Title:	President
stated in this document are true. Any false informates.817.155, F.S. [See below for required signature(s).	~
Signature: 10nge 2 ternandez Printed Name: Jorge Hernandez	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER
Printed Name; Jorge Hemandez	Title: Manager.
Signature:Printed Name:	TV.1
Printed Name:	litte:
Signature:Printed Name:	W.1
Printed Name:	I itle:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
<u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner.	ty Partnership:
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:	\$35.00
Fees for Florida Articles of Incorporation: Certified Copy:	\$70.00 \$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	Oration shall be: Gred Fas	shion Salon Inc. 💛 📆
ARTICLE II P	RINCIPAL OFFICE  Principal street address nty Road 455, suite 103	shion Salon Inc.  Mailing address, if different is:
Clermont FL		
ARTICLE III P	URPOSE	
	ch the corporation is organized is:	
Any and all lawful l	ousiness.	
The number of shares	1 000 000	
	NITIAL OFFICERS AND/OR DIRE	
	Jorge Hernendez ( President )	
Address:	834 Maple Forest Ave	Address:
	Minneola FI 34715	
		,
	2	Name and Title:
Address:		Address:
Name and Title	,,	Name and Title:
Address:		Address:
Addiess.		/ Nations.
		Joee Berroa
	<u>EGISTERED AGENT</u>	
	la street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	Jose Berros	
Address:	834 Maple Forest Ave	
	Minneola Fi 34715	<del></del>
ARTICLE VII II	VCORPORATOR	
	ess of the Incorporator is:	
Name:	Jose Berros	
Address:	834 Maple Forest Ave	<del></del>
	Minneola Fi 34715	<del></del>
Having been named this certificate, fam j	as registered agent to accept service of familiar with and accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
1 -		20/17/
7 1000	19 1 Dewa	09/07/20/2
Require	d Signature/Registered Agent	/ Date /
		in are true. I am aware that any false information submitted in a
document to the Dep	urtment of State constitutes a third degre	e felony as provided for in s.817.155, F.S.
$\mathcal{L}$		a la la
S/agg	D. / Benoa.	04/04/2017
/ Required	Signature/Incorporator	Date