PB00017186

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP , WAIT MAIL
(Business Entity Name)
(,
/D-
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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I3 FEB 21 PM I2: 39 SECRETARY OF STATE VITAHASSEF FLORIN

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W3-7578 4

COVER LETTER

s.

TO: Charter Section Division of C			
SUBJECT: B-Vit	als, Inc		
SUBJECT.		ng Florida Profit Corpo	ration
		_	tion, and fees are submitted to poration" in accordance with s.
Please return all corr	espondence concernin	g this matter to:	
Elizabeth Bla	ake		
	Contact Person		
B-Vitals, LL0			
	Firm/Company		
915 Middle I	River Drive, S	uite 204	
	Address		
Fort Laudero	dale, FL 3330	4-3559	
	City, State and Zip Code		
dreblake@b			
E-mail address: (to	be used for future annual r	eport notification)	
For further informati	on concerning this ma	tter, please call:	
Elizabeth Bla	ake	_at (954)	536-5255
Name of Cor	tact Person	Area Code and D	Daytime Telephone Number
Enclosed is a check i	for the following amou	ınt:	
□ \$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fe and Certified Copy	Ses \$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	<u>S:</u>		G ADDRESS:
Charter Section Division of Corporat	ions	Charter S Division	ection of Corporations
Clifton Building		P. O. Box	•
2661 Executive Cent	er Circle	Tallahass	ee, FL 32314

Tallahassee, FL 32301



RECEIVEL 2013 FEB 21 AM 10: 46 SECRETARY OF STATE TALLAHASSEE, FLORID.

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE

February 7, 2013

ELIZABETH BLAKE 915 MIDDLE RIVER DR SUITE 204 FORT LAUDERDALE, FL 33304-3559

SUBJECT: B-VITALS, INC Ref. Number: W13000007578

We have received your document for B-VITALS, INC and your check(s) totaling \$122.50. 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.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 013A00003051

Markages

www.sunbiz.org

Division of Comparations D.O. DOV 6297 Tollahassas Florida 2921

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.

decordance with 3, 007.1113, 1 lorida Saltates.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
B-Vitals, LLC 42000049538
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 04/09/2012
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>
B-Vitals, 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; <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 firstday of February	, 20 13
Required Signature for Florida Profit Corp	oration:
Signature of Chairman, Vice Chairman, Direc	tor, Officer, or, if Directors or Officers have not
been selected, an Incorporator:	h Blake
Printed Name: Elizabeth Blake T	itle: Vice-President Finance & Administration
Required Signature(s) on behalf of Other Bus	siness Entity: [See below for required
signature(s).]	
Signature: Lyaleth Blake Printed Name: Elizabeth Blake	
Printed Name: Elizabeth Blake	Title: Manager
Signature: Signature: Printed Name: Hilda Besner	Title: Manager
Fillited Name: i inda besitei	TILLE: Manager
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Printed Name:	Title:
0.	
Signature:	
Printed Name:	I file:
If Florida General Partnership or Limited Li	ahility Partnershin
Signature of one General Partner.	abinty I altitership.
Signature of one Seneral Factories.	
If Florida Limited Partnership or Limited Li	ability Limited Partnership:
Signatures of ALL General Partners.	
If Florida Limited Liability Company:	
Signature of a Member or Authorized Represent	ative.
All others:	
Signature of an authorized person.	
Food	
Fees: Certificate of Conversion:	\$35.00

Fees for Florida Articles of Incorporati	•
Certified Copy: Certificate of Status:	\$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 The name of	of the corporation shall be: B-Vitals, Inc			
ARTICLE				
	Principal street address		Mailing address, if o	lifferent is:
915 M	iddle River Dr, # 204	915 M	liddle River Dr	, # 204
Fort La	auderdale, FL 33304	Fort Lauderdale, FL 33304		
to rese	se for which the corporation is organized is: earch, develop and sell behavesment products.	vioral health	n and psycholo	ogical
ARTICLE	r of shares of stock is: 10,000,000		Hilda Besner, Vid	ce President
Address:	915 Middle River Dr, # 204	Address:	915 Middle Rive	
	Fort Lauderdale, FL 33304		Fort Lauderdale	, FL 33304
Name and	Title: Elizabeth Blake, Vice-President	Name and Title:	<u> </u>	-
Address:	915 Middle River Dr, # 204	Address:	,	13 F
	Fort Lauderdale, FL 33304			# B T
Name and	Title:	Name and Title:		
Address:		Address:		D 39
ARTICLE The name a Name: Address:	EVI REGISTERED AGENT and Florida street address (P.O. Box NOT acce Hilda Besner 915 Middle River Dr, # 204 Fort Lauderdale, FL 33304	ptable) of the regis	tered agent is:	

Name:	Elizabeth Blake	•
Address:	915 Middle River Dr, # 204	
	Fort Lauderdale, FL 33304	
********* Having be designated capacity	een named as registered agent to accept service of proced in this certificate, I am familiar with and accept the appoin	******************************** ess for the above stated corporation at the place intment as registered agent and agree to act in this 02/01/2013
Serve	1 Seoner	
I submit t submitted	Required Signature/Registered Agent this document and affirm that the facts stated herein a in a document to the Department of State constitutes a thir	Date re true. I am aware that any false information and degree felony as provided for in s.817.155, F.S. 02/01/2013
	Marin Wille	
	Required Signature/Incorporator	Date

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Elizabeth Blake