(Req	uestor's Name)	
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(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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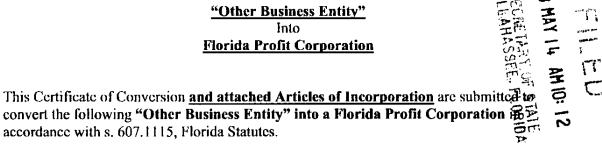
TO:

Charter Section

Division of Corporations

SUBJECT: C	HACHAGIRL, L	-c		
· · · · · · · · · · · · · · · · · · ·	Name of Resultin	g Florida Profit Corporation	n	
			and fees are submitted to ion" in accordance with s.	
Please return all corre	espondence concerning	g this matter to:		
MICHAEL	PONCE DE LE	EON		
	Contact Person			
FRED ASTA	HRE DANCE C	TV D1 O		
	Firm/Company			
1171 6240	AVENUE NORT	મ		
	Address			
SAINT PETER	esburg, FL 33	3702		
C	ity, State and Zip Code			
-	68@GMAIL. CON			
E-mail address; (to	be used for future annual re	eport notification)		
For further information	on concerning this mat	ter, please call:		
MICHAEL PO	DNLE DE LEON	at (727) 5:	25.2500	
Name of Con			me Telephone Number	
Enclosed is a check f	or 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	<u>S:</u>	MAILING A		
Charter Section	_	Charter Section		
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327				
Clifton Building 2661 Executive Cent	er Circle	Tallahassee, I		
Tallahassee, FL 323		- 53166166517003		

Certificate of Conversion For



rida Profit Corporation 品至 元
rior to the filing of this Certificate
L1200009376
Entity
BILITY COMPANY npany, limited partnership, siness trust, etc.)
FLORIDA me of the country)
zed, formed or incorporated
anged, the state or country under ed:
n the attached Articles of
rporation
ate: 90 days after the date this ND 2) must be the same as the ation, if an effective date is listed

Page 1 of 2

Signed t	his	09	_day of		K4 M		, 20	13	•• · · · · · · · · · · · · · · · · · ·		
Doguina	od Cia-								ALC:	ა <u>≭</u> .	7
Kequire	zu Sigi	iature	for Florid	a rront C	orporaci	<u>on:</u> 1			至門		Employ Safety
Signatur been sele Printed I	re of C ected, Name:	hairma an Inco MICH	n, Vice Chorporator: AEL Po	SCE BE	Title:	OWNE	6Directors	or Offic	77	丑	TO
Require signature		ature(s) on behal	Lof Other	<u>Business</u>	Entity: [S	ee below fo	r require	STATE	12	
Signature Printed N	e: Name:_	MAG	PAEL PO	NLE DE	LEON	Title:	OWNER	· · · · · · · · · · · · · · · · · · ·			
Signatur	o.										
Printed N	V					Title:					
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			artnership		Liability	y Partners!	hip:				
Signatur	e of on	e Gene	ral Partner.								
			ertnership o eneral Partne		Liability	/ Limited F	<u>Partnership</u>	<u>):</u>			
			ability Cor r or Author		sentative.						
All othe Signatur		author	ized person								
F (Fees fo Certific	r Flori ed Cop	Conversion da Articles y: Status:		ration:	\$35.00 \$70.00 \$8.75 (Op \$8.75 (Op					

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

ARTICLE	I NAME	1000	五二
The name of	f the corporation shall be: CHAC+	INGIRL, CORP.	- Sing -
	II PRINCIPAL OFFICE		MIO:
The principa	al place of business/mailing address is:		ST 0: 1
	Principal street address	Mailing address, i	f differen
	WZND AVENUE NORTH		
ST. PE	TERSBURG, FL 33702		
The purpose	III PURPOSE c for which the corporation is organized is:		
	TOMER SERVICE		
PRO	NIDE DANCE INSTRUCTION	ICI EDUCATION	
ARTICLE The number	IV SHARES of shares of stock is: 2		
ARTICLE	V INITIAL OFFICERS AND/OR DIA	RECTORS	
	ride: MICHAEL PONCE DE LEO		
Address:	1735 77TH AVE N.	Address:	
	ST. PETE, FL 33702		
Name and T	Title: SIVILAY PONCE DE LEON	Name and Title:	
Address:	1735 77TH ANE N.	Address:	
	ST. PETE, FL 33702		
Name and T	Fitle:	Name and Title:	
Address:		Address:	
riddross.		, marvini	
ARTICLE	VI REGISTERED AGENT and Florida street address (P.O. Box NOT acco	antahla) of the registered egent is:	
THE HAIRE A	ind Fightias street address (F.O. Dox NOT acce	spearies of the registered agent is.	
Name:			
Address:	MICHAEL PONCE DE LES	90	
	1735 77TH AVE N.		
	ST. PETE, FL 33702		

The name and address of the Incorporator is: Name: MICHAEL PONCE DE LEON Address: 1735 771H AVE N. ST. PETE, FL 33702 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 Submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ARTICLE VII

INCORPORATOR

quired Signature/Incorporator