

71300 0046056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

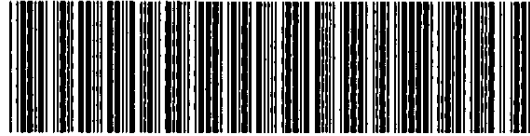
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/14/13--01002--005 **105.00

OFFICE OF STATE
ATTORNEY GENERAL
FLORIDA

13 MAY 26 AM 11:22

FILED

J. Stivers MAY 28 2013

629-28652
629



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2013

JOHANNA WILES
14459 N DALE MABRY HWY
TAMPA, FL 33618

SUBJECT: LIFE LOVE DANCE CORP
Ref. Number: W13000028652

We have received your document for LIFE LOVE DANCE CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 213A00012213

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LIFE LOVE DANCE, LLC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

JOHANNA WILES

Contact Person

FRED ASTAIRE DANCE STUDIO

Firm/Company

14459 N DALE MABRY HWY

Address

TAMPA, FL 33618

City, State and Zip Code

JOHANNA.WILES@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANNA WILES

Name of Contact Person

at (813) 280.9909

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter 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 **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:

LIFE LOVE DANCE, 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 non-U.S. entity, the name of the country)

on JULY 1, 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 **attached Articles of Incorporation:**

LIFE LOVE DANCE, ~~LLC~~ CORP.

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.)

SECRET
DEPT. OF STATE
ATLANTA, FLORIDA

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Signed this 9th day of MAY, 20 13.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Michael Ponce de Leon Title: owner

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: JOHANNA WILES Title: OWNER

Signature: [Signature]

Printed Name: MICHAEL PONCE DE LEON Title: OWNER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability 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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY 24 AM 11:22

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

ARTICLE I NAME

The name of the corporation shall be: LIFE LOVE DANCE, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

14459 N. DALE MABRY HWY
TAMPA, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CUSTOMER SERVICE
PROVIDE DANCE EDUCATION/INSTRUCTIONS

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ODHANNA WILES (OWNER) Name and Title: _____

Address: 3008 LEILA ESTELLE DR. Address: _____
PLANT CITY, FL 33565

Name and Title: MICHAEL PONCE DE LEON (OWNED) Name and Title: _____

Address: 1735 77TH AVE N. Address: _____
ST. PETE, FL 33702

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHAEL PONCE DE LEON

Address: 1735 77TH AVE N.
ST. PETE, FL 33702

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHANNA WILES

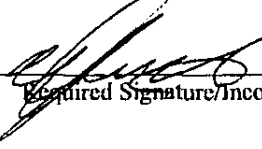
Address: 3008 Leila Estelle Dr
PLANT CITY FL 33565

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


Required Signature/Registered Agent

5.09.13
Date

I 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.


Required Signature/Incorporator

5.09.13
Date

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA