

P13000074753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

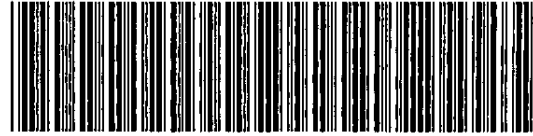
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 9/12

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SOFT SENSATIONS SPA & SALON 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:

WAHAB ISMAIL

Contact Person

SOFT SENSATIONS SPA & SALON

Firm/Company

C/O 6845 GREENFIELD RD STE 100

Address

DETROIT MI 48228

City, State and Zip Code

wahab@mytaxcorp.com

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

For further information concerning this matter, please call:

WAHAB ISMAIL

at (313) 253-0161

Name of Contact Person

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

SOFT SENSATIONS SPA & SALON LLC

L13000121435

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 **08/27/2013**

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 **attached Articles of Incorporation:**

SOFT SENSATIONS SPA & SALON 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.)

Signed this 28th day of AUGUST, 2013.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer or, If Directors or Officers have not been selected, an Incorporator: Nema Hussein

Printed Name: NEMA HUSSEIN Title: PRESIDENT & OFFICER

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

Signature: Nema Hussein
Printed Name: NEMA HUSSEIN Title: OFFICER

Signature: Eyad Hussein
Printed Name: EYAD HUSSEIN Title: OFFICER

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)

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TALLAHASSEE, FLORIDA

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: SOFT SENSATIONS SPA & SALON INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

3272 COMMERCIAL WAY
SPRING HILLS FL 34606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SPA and SALON

ARTICLE IV SHARES 5000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NEMA HUSSEIN , OFFICER

Address: 3661 WARWICK DR
STERLING HEIGHTS MI 48314

Name and Title: EYAD HUSSEIN , OFFICER

Address: 3661 WARWICK DR
STERLING HEIGHTS MI 48314

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NEMA HUSSEIN

Address: 3272 COMMERCIAL WAY
SPRING HILLS FL 34606

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TALLAHASSEE, FLORIDA

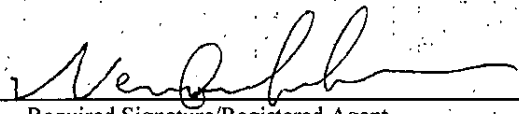
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NEMA HUSSEIN
Address: 3661 WARWICK DR
STERLING HEIGHTS MI 48314

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TALLAHASSEE, FLORIDA

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

08-28-13

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

08-28-13

Date