

P13000078301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

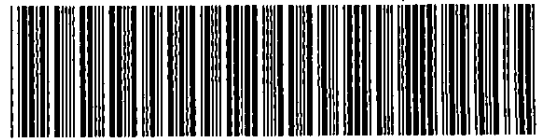
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/24/13--01048--008 **105.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 19 AM 10:09

W13-36612
PS 9/23/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2013

MARLA FRIEDMAN
WEEKEND GETAWAYS FOR MOMS LLC
8718 MAN O WAR RD
PALM BEACH GARDENS, FL 33418

SUBJECT: WEEKEND GETAWAYS FOR MOMS
Ref. Number: W13000036612

We have received your document for WEEKEND GETAWAYS FOR MOMS and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct #4 of the Certificate of Conversion to include the suffix.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

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.

Pamela Smith
Regulatory Specialist II

Letter Number: 313A00015909

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Weekend Getaways for Women Inc
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:

Marla Friedman

Contact Person

Weekend Getaways for Women Inc

Firm/Company

8718 Man O War

Address

Palm Beach Gardens, FL 33418

City, State and Zip Code

marla@thinkforwardcoaching.com

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

For further information concerning this matter, please call:

Marla Friedman

Name of Contact Person

at (954) 648-9724

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 CorporationFILED
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DIVISION OF CORPORATIONS

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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:

Weekend Getaways For Moms LLC L13000051751

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 FL
(Enter state, or if a non-U.S. entity, the name of the country)

on April 9 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:

Weekend Getaways For Women 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 16 day of September, 2013FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Required Signature for Florida Profit Corporation:

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

Printed Name: Marla Friedman Title: Chairman**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]Signature: Marla FriedmanPrinted Name: Marla Friedman Title: Chairman

Signature: _____

Printed Name: _____ Title: _____

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) |

ARTICLES OF INCORPORATION

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

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ARTICLE I NAMEThe name of the corporation shall be: Weekend Getaways for Women Inc.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

8718 Man O War Rd
Palm Beach Gardens, FL 33418**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Retreats**ARTICLE IV SHARES**The number of shares of stock is: 10**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Mark Friedman ^{Chairman} Name and Title: _____Address: 8718 Man O War Rd Address: _____
Palm Beach Gardens, FL 33418

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:Name: Mark FriedmanAddress: 8718 Man O War Rd
Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:


Marie Friedman

Address:

8718 Man O war RdPalm Beach Gardens, FL 33418FILED
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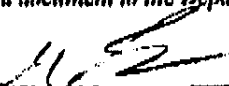
13 SEP 19 AM 10:09

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 Agent9.16.13_____
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/Incorporator9.16.13_____
Date