

PI4000025477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

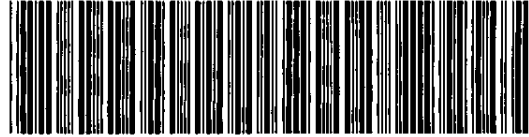
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300254227563

01/30/14--01021--001 \*\*45.00

12/02/13--01050--003 \*\*60.00

FILED  
13 DEC -2 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W913-66684

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: ZOELI WELLNESS & SERVICES CORPORATION  
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:

AMANDA MARLEY

Contact Person

ZOELI WELLNESS & SERVICES CORPORATION

Firm/Company

1515A EAST LAS OLAS BLVD

Address

FORT LAUDERDALE FLORIDA, 33301

City, State and Zip Code

AMANDA E MARLEY @ HOTMAIL.COM

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

For further information concerning this matter, please call:

AMANDA MARLEY

Name of Contact Person

at ( 954 ) 632 2000

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2013

AMANDA MARLEY  
12837 NW 23RD ST  
PEMBROKE PINES, FL 33028

SUBJECT: ZOELI WILLNESS & SERVICES LLC  
Ref. Number: W13000066684

RECEIVED  
14 JAN 27 PM 7:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ZOELI WILLNESS & SERVICES LLC and your check(s) totaling \$60.00. However, the document has not been filed and is being retained in this office for the following:

You filled out the incorrect application.

We are enclosing the proper form(s) with instructions for your convenience.

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: 713A00027767



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 FEB 21 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 3, 2014

AMANDA MARLEY  
12837 NW 23RD ST  
PEMBROKE PINES, FL 33028

SUBJECT: ZOELI WILLNESS & SERVICES LLC  
Ref. Number: W13000066684

We have received your document for ZOELI WILLNESS & SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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: 713A00027767



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2014

AMANDA MARLEY  
12837 NW 23RD ST  
PEMBROKE PINES, FL 33028

SUBJECT: ZOELI WILLNESS & SERVICES LLC  
Ref. Number: W13000066684

RECEIVED  
14 MAR 20 AM 10:37  
STATE  
TALLAHASSEE, FLORIDA

We have received your document for ZOELI WILLNESS & SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The effective date of the conversion 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 listed in the Florida Articles of Incorporation, if any.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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: 713A00027767

**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:

ZOELI WELLNESS & SERVICES LLC. L0900002B154  
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 MARCH 9, 2009  
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 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:**

ZOELI WELLNESS & SERVICES CORPORATION  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2014  
~~DECEMBER 13, 2013~~  
(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.)

FILED  
13 DEC -2 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 1<sup>st</sup> ~~13~~ day of ~~DECEMBER~~ JANUARY, 2014  
JANUARY

**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: Amanda Marley Title: OWNER

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

Signature: [Signature]  
Printed Name: Amanda Marley Title: OWNER

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)

### ARTICLE I NAME

The name of the corporation shall be: ZOELI WELLNESS & SERVICES CORPORATION

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1515 A EAST LAS OLAS BLVD  
FORT LAUDERDALE, FLORIDA 33301

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WELLNESS SERVICES

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMANDA MARLEY (DIRECTOR) Name and Title: EDDIE FISHER (DIRECTOR)

Address: 12837 NW 23<sup>rd</sup> STREET  
PEMBROKE PINES, FL. 33028

Address: 12837 NW 23<sup>rd</sup> ST.  
PEMBROKE PINES, FL. 33028

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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: AMANDA MARLEY

Address: 12837 NW 23<sup>rd</sup> ST.  
PEMBROKE PINES, FL. 33028



ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMANDA MARLEY.

Address: 12837 NW 23<sup>rd</sup> ST.

PEMBROKE PINES, FL. 33028

\*\*\*\*\*

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



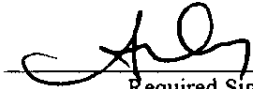
Required Signature/Registered Agent

01/01/2014

~~12/12/2013~~

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.817.135, F.S.



Required Signature/Incorporator

01/01/2014

~~12/12/2013~~

Date

Article VIII Effective Date:

January 1, 2014

FILED  
13 DEC -2 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA