

PI4000025477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

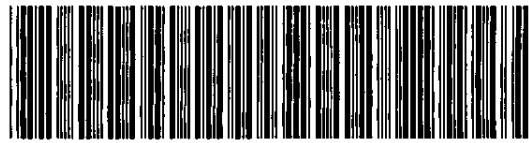
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



300254227563

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

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Office Use Only

WJ3-666A

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 BLD

Address

FORT LAUDERDALE FLORIDA, 33301

City, State and Zip Code

AMANDAEMARLEY@HOTMAIL.COM

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

For further information concerning this matter, please call:

AMANDA MARLEY at (954) 632 2000
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



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 21 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
SECRETARIAL 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
FLORIDA DEPARTMENT OF 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. 10900002814
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 12, 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 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:

ZOELI WELLNESS & SERVICES CORPORATION
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 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 1st day of DECEMBER ~~JANUARY~~, 2013
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: Amber

Printed Name: Amanda Martay Title: OWNER

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

Signature: Ah

Printed Name: Amanda Martay Title: OWNER

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/mailing 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 23rd STREET Address: 12837 NW 23rd ST.
PEMBROKE PINES, FL 33028 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 23rd ST.
PEMBROKE PINES, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMANDA MARLEY
Address: 12837 NW 23rd 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.817.155, 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