

P14000027809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

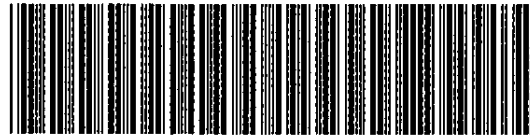
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/10/14--01032--013 **105.00

FILED

14 MAR 26 AM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-9597

κ 03/28/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2014

MIRIAM TORRES ACEVEDO
MTA OF OVIEDO FINANCIAL SERVICES INC
2572 ALOMA AVENUE, SUITE 1072
OVIEDO, FL 32765

SUBJECT: FIRST IMPRESSIONS BARBERSHOP INC
Ref. Number: W14000009597

TALLAHASSEE, FLORIDA

14 MAR 26 PM 12:47

RECEIVED

We have received your document for FIRST IMPRESSIONS BARBERSHOP INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 714A00003408

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: **FIRST IMPRESSIONS BARBERSHOP 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:

MIRIAM TORRES ACEVEDO

Contact Person

MTA OF OVIEDO FINANCIAL SERVICES INC

Firm/Company

2572 ALOMA AVENUE SUITE 1072

Address

OVIEDO, FL 32765

City, State and Zip Code

MIRETORRES@AOL.COM

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

For further information concerning this matter, please call:

MIRIAM TORRES ACEVEDO at **(407) 977-9230**

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

FILED
14 MAR 26 AM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

FIRST IMPRESSIONS BARBERSHOP LLC *(L13-2590)*
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 **FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **01/07/2013**
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:**

FIRST IMPRESSIONS BARBERSHOP 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 5TH day of FEBRUARY, 2014.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: JUAN TAVARES Juan Tavares
Printed Name: JUAN TAVARES Title: PRESIDENT

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

Signature: Juan Tavares
Printed Name: JUAN TAVARES Title: PRESIDENT

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) |

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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: FIRST IMPRESSIONS BARBERSHOP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1693 W BROADWAY ST SUITE 1000A
OVIEDO, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL AND LEGAL BUSINESS

ARTICLE IV SHARES 200

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN TAVARES, PRES

Name and Title: _____

Address: 1693 W BROADWAY ST SUITE 1000A
OVIEDO, FL 32765

Address: _____

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: MIRIAM TORRES

Address: 2572 ALOMA AVENUE SUITE 1072

OVIEDO FL, 32765

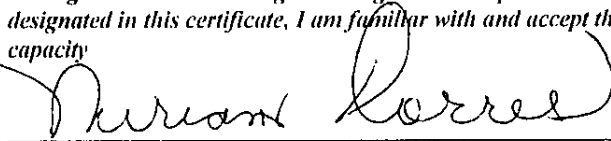
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN TAVARES
Address: 820 LINCOLN PARKWAY
OVIEDO, FL 32765

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

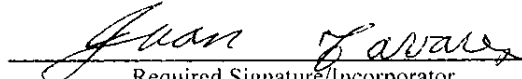


Required Signature/Registered Agent

02/05/2014

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

02/05/2014

Date

14 FEB 26 AM 12: 27
OVIEDO, FL 32765