# P14000039534

(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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SECRETARY OF STATES

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### / COVER LETTER

TO: Charter Section Division of Corporations
SUBJECT: The HAIR Zone Boauty-1 Barbar Supply 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:
LARAMIE CACERES Contact Person
THE HAIR ZONE BEAUTY + BARBA SUPPOLY
3994 White Ablee Ct
Address  / City, State and Zip Code
RACTRAD Q AOC. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  LARAMIC QCECE Sat (32) 229-449  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$\begin{array}{c} \left\ \$113.75 \text{ Filing Fees} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



March 25, 2014

LARAMIE CACERES 3494 WHITE ADLER CT KISSIMMEE, FL 34741

SUBJECT: THE HAIR ZONE BEAUTY AND BARBER SUPPLY, LLC

Ref. Number: L09000094559

We have received your document for THE HAIR ZONE BEAUTY AND BARBER SUPPLY, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The Conversion must be signed by one of the Officers.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 814A00006421

#### **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:

The Hare Zone Beauty & Sachar Supply LLC Enter Name of Other Business Entity

2. The "Other Business Entity" is a //witco Lobeling 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 Foreign V (Enter state, or if a non-U.S. entity, the name of the country)

on 9/30/2009

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:

A. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

5. If not effective on the date of filing, enter the effective date: 12/3/1/3. (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.)

Enter Name of Florida Profit Corporation

Signed thisday of	, 20
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator:  Printed Name: ACAME CACCOST Title:	Officer, or, if Directors or Officers have not
Required Signature(s) on behalf of Other Business	Entity: [See below for required
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator:  Printed Name: LARAMIE CACCASI Title:	
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
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Signature: Printed Name:	Title
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Signature:	• •
Printed Name:	_ Title:
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Signature:Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.  If Florida Limited Partnership or Limited Liability	y Partnership:
Signatures of ALL General Partners.	en e
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name of the corporation shall be: The Ha	is Zone Beauty + Backer Supply,
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	CORP
3494 White Alles Lissimmee 134741	Mailing address, if different is a first money  Flag 174/
ARTICLE III PURPOSE	nte Propit Los Signatures FILED
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS O
Name and Title: LARAMIE CACFEC	Nome and Title: Ramon Confort
Address: 349U White Adlas Kissiannee, Fl 3470	Address: 3106 KIVaz Beginas
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 acceptance)  Name: Lande Lande Lac  Address: 3494 While Address: (551 Mm mace)	ptable) of the registered agent is:
(101/00/00/00/00/	Name of Final P

•			,		1 1
	INCORPORATOR	•	•		•
The name and addre	s of the Incorporator is:	<b>つ</b>		1,	P. Sage
Name: 4	rampe	acer	ر کرانے		•
Address: 34	4 White	Alla	L & J		
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