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(Re	equestor's Name)	
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	ty/State/Zip/Phone	- 40
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
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SECKETARY OF STATE

Office Use Only

1114-36378 (m) 6/27

COVER LETTER

1.

TO: Charter Section

Division of Corporations

SUBJECT: He	astic ar	g Florida Profit Corporatio	
	Name of Resultin	g Florida Profit Corporatio	n
		= :	and fees are submitted to ion" in accordance with s.
Please return all corre	spondence concerning	g this matter to:	
Alvin Ro	Contact Person	2	
Be Right	Investme Firm/Company	ents LLC.	
18520 N.C	N. 67 AVE 511 Address	ite 134	
miami lak-	ty, State and Zip Code		
AlRogers J E-mail address: (to b	R & G mail. Go used for future annual re	eport notification)	
For further information	on concerning this mat	tter, please call:	
Alvin Roge Name of Cont	act Person	_at (<u>786</u>) 26 Area Code and Daytin	2 - 7313 ne Telephone Number
Enclosed is a check for	or the following amou	nt:	
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	Signature 122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS New Filings Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	MAILING A New Filings S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27



June 11, 2014

ALVIN ROGERS, JR. 18520 N.W. 67TH AVE., SUITE 134 MIAMI LAKES, FL 33015

SUBJECT: HEASTIE GROUP INC. Ref. Number: W14000036378

We have received your document for HEASTIE GROUP INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 014A00012669

www.sunbiz.org

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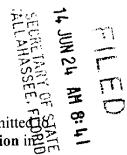
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation



This Certificate of Conversion and attached Articles of Incorporation are submitted convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

accordance with s. 607.1115, Florida Statutes.	P
1. The name of the "Other Business Entity" immediately prior to the fi of Conversion is:	iling of this Certificate
Be Right Investments LLC. Enter Name of Other Business Entity	10600009077
2. The "Other Business Entity" is a <u>limited liability</u> (Enter entity type. Example: limited liability company, limit general partnership, common law or business trust,	Company ted partnership, , etc.)
first organized, formed or incorporated under the laws of	ountry)
on	d or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the sthe laws of which it is now organized, formed or incorporated:	
4. The name of the Florida Profit Corporation as set forth in the <u>attack</u> <u>Incorporation:</u>	ned Articles of
Heastie Group Inc. Enter Name of Florida Profit Corporation	<u></u> .
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 at document is filed by the Florida Department of State; <u>AND</u> 2) mus effective date listed in the attached Articles of Incorporation, if an therein.)	at be the same as the

Signed this 6 day of June	<u>, 20 14</u> .
Required Signature for Florida Profit Corporation	on:
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: Printed Name: Alvin Rosers JeTitle:	MGR PRE
Required Signature(s) on behalf of Other Business signature(s).]	The second secon
Signature: Printed Name: Alvia Rogers Je	Title: MGR DE
Signature:Printed Name:	
Signature:Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
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: - eastie	Group Inc.
ARTICLE II PRINCIPAL OFFICE	ACC.
The principal place of business/mailing address is:	空間 是 。
Principal street address 18520 N.W. 67 Ave Suite 13	Mailing address, if different is:
Miami, F1. 33015	E OF S
	SAT F
	A P
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Business Management	
D (C) 12 Harraymen	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR I	MGR) Name and Title:
Address: 18520 N.W. 67 AJE Suit	c/34Address:
Miami, F1. 33015	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Addiess.
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:
Name: Betty Rosers Address: 1850 N.W. \$7 200 84ite	12//
	134
miami F1. 33053	

AKTICLE	E VII INCORPORATOR		
The <u>name</u>	and address of the incorporator is:		= →
Name:	Alvin Rogers JR 18520 N.W. 67AM suite 134		TO THE TOTAL PROPERTY OF THE PARTY OF THE PA
Address:	18520 N.W. 67 ANS Suite 134		124 124
	michi, fl. 33015		一 三
	,		8: L
******	************	******	
Having be designated capacity	een named as registered agent to accept service of pro I in this certificate, I am familiar with and accept the app	ocess for the above stated corporal pointment as registered agent and a	gree to act in this
	Botty Regulared Agent Required Signature/Registered Agent	5/4/.	7 2 de/
I submit t	this document and affirm that the facts stated herein in a document to the Department of State constitutes a to	are true. I am aware that any f hird degree felony as provided for in	alse information s.817.155, F.S.
		5/1/2	2014
19	Required Signature/Incorporator	Date	,