

P14000092904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

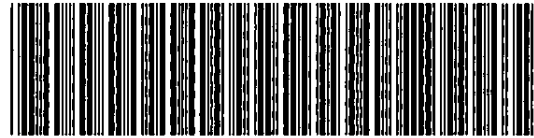
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Use Only



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11/12/14--01019--005 **113.75

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14 NOV 12 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/17/14

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: American Shave Inc per customer
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:

Justin Rosado
Contact Person

American Shave
Firm/Company

4244 S TAMMAMI TR
Address

Sarasota FL 34231
City, State and Zip Code

info@americanshave.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Rosado at (941) 875-1330
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status | <input checked="" type="checkbox"/> \$113.75 Filing Fees and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status |
|---|---|---|--|

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

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:

American Shave LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC sole proprietor
(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 U.S., Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 05/07/2013
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:**

American Shave Inc. per Customer
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2014.
(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 25 day of October, 20 14.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: _____ Title: _____

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

Signature: _____

Printed Name: Justin V. [unclear] Title: manager

Signature: _____

Printed Name: Nicholas Finley Title: manager

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)

14 NOV 12 PM 3:55
SECRET
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: American Shave Inc per customer

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

4244 S Tamiami Trl
Sarasota FL
34231

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mens grooming Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Rozado / PRES & TREAS Name and Title: _____

Address: 4244 S Tamiami Address: _____

Trail Sarasota FL 34231

Name and Title: Nicholas C Finley / VP & SEC Name and Title: _____

Address: 4244 S Tamiami Address: _____

Trail Sarasota FL 34231

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: Justin Rozado

Address: 4244 S Tamiami Trl

Sarasota FL 34231

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STATE
ALL HARBOR FLORIDA

ARTICLE VII INCORPORATOR

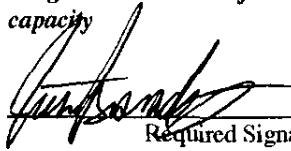
The name and address of the Incorporator is:

Name:

Address:

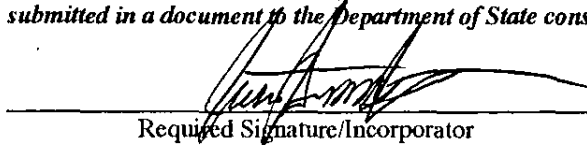
Justin L. Sandoz
42445 Tamiami
Tel. Sandoz FL 34231

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

10/25/14
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

10/25/14
Date

6-11-60
14 NOV 12 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2014

JUSTN ROSADO
4244 S TAMiami TRAIL
SARASOTA, FL 34231

SUBJECT: AMERICAN SHAVE
Ref. Number: W14000068902

14 NOV 12 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AMERICAN SHAVE and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 614A00024298