P14000095175

(Re	questor's Name)		
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Charter Section Division of Corp	orations		
-	eSeal Cos	metics, LL g Florida Profit Corporation	C Time Deal
	•	-	and fees are submitted to ion" in accordance with s.
Please return all correspondent	ondence concerning	g this matter to:	
Jenni-Er (Sibson Contact Person		
TimeSeal	Cosmet	ic8	
P.O. Box	Address		
Boynton City,	Beach, F State and Zip Code	L 33425	5
info@time E-mail address: (to be u	eseal cos used for future annual r	metrics. Coreport notification)	2
For further information of	concerning this mat	ter, please call:	
Jennifer G Name of Contact	Person		2-7504 ne Telephone Number
Enclosed is a check for t	he following amou	nt:	
an	\$113.75 Filing Fees d Certificate of atus	☐\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	DDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



October 17, 2014

JENNIFER GIBSON P.O. BOX 719 BOYNTON BEACH, FL 33425

SUBJECT: TIMESEAL COSMETICS, INC.

Ref. Number: W14000063379

We have received your document for TIMESEAL COSMETICS, 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 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.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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

www.sunbiz.org

Letter Number: 414A00022312

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: ineSeal Cosmetics, LLC
Enter Name of Other Business Entity L13000131399 2. The "Other Business Entity" is a ______ (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 (Enter state, or if a non-U.S. entity, the name of the country) 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: Enter Name of Florida Profit Corporation 5. If not effective on the date of filing, enter the effective date: 12 - 5 - 11(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 13th day of Novemb	er, 2014.			
Required Signature for Florida Profit Corporati	ion:			
Signature of Chairman, Vice Chairman, Director, Officer, of, if Directors or Officers have not been selected, an Incorporator: Printed Name: Jennifer GibsonTitle President/Feunder				
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Printed Name: Tennifer Gribson Title: President founder				
Signature: Printed Name:				
Signature: Printed Name:	_Title:			
Signature: Printed Name:	_ Title:			
Signature: Printed Name:	_Title:			
Signature:Printed Name:	Title: 207			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:			
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: 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:	eal Cosmetics Inc.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	FIRST 2			
94 S. Federal Highway Boca Raton OC 33432	PO. Box 719 B Boynton Beach, 97			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Drovicling be and	y cosmetics			
The number of shares of stock is: (C), OCO, OCO				
ARTICLE V INITIAL OFFICERS AND/OR DIR				
	Name and Title:			
Address: F.O. Box 7.91 Boynton Beach, F.				
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: Jennifer Gibson				
Address: 2998 S. Federal Hwy. Delray Beach Fl 33483				
Delray Beach, F	-C 33483			

ARTICLI The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	Jennifer Gibson	
Address:	P.O. Box 719	
	Boynton Beach, FL 3:	3425
******	***********	*****
	en named as registered agent to accept service of process in this certificate, I am familiar with and accept the appoint	
capacity	0 0 0	,
- Le	ningestulion	11-13-14
I submit ti	Required Signature/Registered Agent his document and affirm that the facts stated herein are	Date true. I am aware that any false information
	in a document to the Department of State constitutes a third of	
)l	infer Filmon	11-13-14
	Required Signature/Incorporator	Date
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