

P 15 . 000029600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

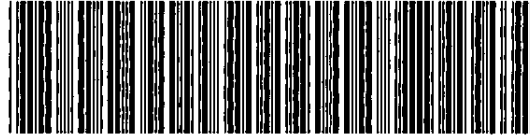
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

4/15/15

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: DC Global Wellness 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:

Daniel Carnovale
Contact Person

Firm/Company

13211 Corbel Cir Apt 1111
Address

Fort Myers, Florida 33907
City, State and Zip Code

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

For further information concerning this matter, please call:

Daniel Carnovale at (516) 234-4183
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 type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" 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:

DC Global Wellness LLC

Enter Name of Other Business Entity

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

on May 29, 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:

N/A

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

DC Global Wellness Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: N/A
(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 24 day of March, 2015

Required Signature for Florida Profit Corporation:

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

Printed Name: Daniel Carnovale Title: Owner

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

Signature: N/A Daniel Carnovale

Printed Name: Daniel Carnovale Title: owner

Signature: N/A

Printed Name: _____ Title: _____

Signature: N/A

Printed Name: _____ Title: _____

Signature: N/A

Printed Name: _____ Title: _____

Signature: N/A

Printed Name: _____ Title: _____

Signature: N/A

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: DC Global Wellness Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address:

Mailing address, if different is:

13211 Corbel Cir Apt 1111
Fort Myers, FL 33907

Same as street address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For-profit. Basic business practices include
Personal Training, Health & Wellness Coaching,
Nutritional Supplementation.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares / par value \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Carnovale / Owner

Name and Title: N/A

Address: 13211 Corbel Cir Apt 1111
Fort Myers FL 33907

Address: _____

Name and Title: _____

Name and Title: N/A

Address: N/A

Address: _____

Name and Title: _____

Name and Title: N/A

Address: N/A

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Daniel Carnovale

Address: 13211 Corbel Cir Apt 1111
Fort Myers, FL 33907

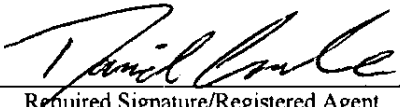
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SECRETARY OF STATE
PALM BEACH, FLORIDA

ARTICLE VII INCORPORATOR


The **name and address** of the Incorporator is:

Name: Daniel Carnovale
Address: 13211 Corbel Cir Apt 1111
Fort Myers FL 33907

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

 3/24/15
Required Signature/Registered Agent 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.

 3/24/15
Required Signature/Incorporator Date