

P 150000 36432

(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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800269597288

03/02/15--01017--011 **25.00

04/22/15--01008--014 **80.00

FILED
15 APR 17 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015
S. GILBERT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ink Me Up Tattoo, LLC
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Suleydy Saavedra
Contact Person

Ink me Up Tattoo
Firm/Company

11245 NW 1st St.
Address

Miami, FL 33172
City, State and Zip Code

655 2305a@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suleydy Saavedra at (305) 200-6455
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee and Certificate of Status ☐ \$55.00 Filing Fee and Certified Copy ☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 APR 17 AM 10:33

SECRET
TALLAHASSEE, FLA

March 20, 2015

SULEYDY SAAVEDRA
11245 NW 1ST STREET
MIAMI, FL 33172

SUBJECT: INK ME UP TATTOO, INC.
Ref. Number: W15000019693

We have received your document for INK ME UP TATTOO, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$80.00.,

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 515A00005622

COVER LETTER

FILED
15 APR 17 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Charter Section
Division of Corporations

SUBJECT: Ink Me Up Tattoo, 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:

Suleidy Saavedra
Contact Person

Ink Me Up Tattoo, Inc.
Firm/Company

11245 NW. 1st.
Address

Miami, FL 33172
City, State and Zip Code

55523rosa@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suleidy Saavedra at (305) 200-6455
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

Fees - 25
+ 80.00 Bal.

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$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

FILED
15 APR 17 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Ink Me Up Tattoos, LLC - L14-0000-85979
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 6/2/2014
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**:

Ink Me Up Tattoos, Inc.
Enter Name of Florida Profit Corporation

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 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 15th day of April, 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: [Signature]

Printed Name: Suleyda SAAVEDRA Title: President

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

Signature: [Signature]

Printed Name: Suleyda SAAVEDRA Title: President

Signature: _____

Printed Name: _____ Title: _____

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)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro

FILED

15 APR 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Ink Me Up Tatto, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

11245 NW. 1st. Street
Miami, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Tattoo Service

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Suleydy Saavedra / President

Address:

11245 NW. 1st.
Miami, FL 33172

Address:

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:

Suleydy Saavedra

Address:

11245 NW. 1st.
Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

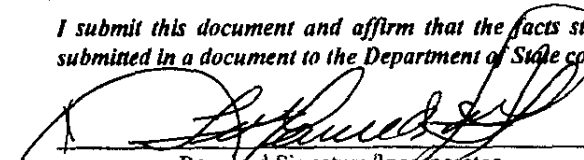
Name: Suleidy Saavedra
Address: 11245 NW 1st
Miami, FL 33172

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

4/13/2015
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

4/13/2015
Date