## P160003030306

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

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## COVER LETTER

Division of Corporations	
SUBJECT: HEATHER'S GRACE, INC.	
Name Name	of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Art Entity" into a "Florida Profit Corporation" i	icles of Incorporation, and fees are submitted to convert an "Other Business n accordance with s. 607.1115, F.S.
Please return all correspondence concerning	this matter to:
Julia Greenberg-Aguilar	
Contact Person	
MyUSACorporation.com	
Firm/Company	
l Radisson Plaza, Suite 800	
Address	
New Rochelle, NY 10801	
City, State and Zip C	Code
annar12002@yahoo.com	
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matt	er, please call:
Julia Greenberg-Aguilar	at ( 877 330-2677
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amour	nt:
□ \$105.00 Filing Fees □ \$113.75 Filing Fe and Certificate of Status	es and Certified Copy  State  State
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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: HEATHER'S GRACE, INC.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Subchapter S Corporation
(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 CALIFORNIA
(Enter state, or if a non-U.S. entity, the name of the country)
01/16/2003 on
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 <u>attached Articles of Incorporation:</u>
HEATHER'S GRACE, 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.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

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, ,				
Signed this	day of	, 20 <sup>16</sup>		
Required Signat	ure for Florida Profit Cor	rporation:		
Signature of Cha Incorporator: Printed Name: A	Mnan, Vice Chairman, Dire	ector, Officer, or, if Directors or Officers have not been le: President	ı selected, an	
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature:	bles	Title: Secretary		
Printed Name:	nna Robertson	Title: Secretary		
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.				
	ed Partnership or Limited L General Partners.	Liability Limited Partnership:		
	ed Liability Company: ember or Authorized Repres	sentative.		
All others: Signature of an a	uthorized person.			
Fees for Certified	te of Conversion: Florida Articles of Incorpor Copy:	\$35.00 ration: \$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:	,
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	•
Principal street address 101 S. Old Coachman Rd	Mailing address, if different is:
Apt. 822	
Clearwater, FL 33765	
ARTICLE III PURPOSE The purpose for which the corporation is organized i	is:
To engage in any lawful act or activity for which a corpor	ration may be organized.
<u></u>	
·	
	***************************************
ARTICLE IV SHARES 100	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Anna Robertson - President	Name and Title: Anna Robertson - Secretary
ddress: 101 S. Old Coachman Rd # 822	Address: 101 S. Old Coachman Rd # 822
Clearwater, FL 33765	Clearwater, FL 33765
Iame and Title: Anna Robertson - Vice President	Name and Title: Anna Robertson - Treasurer
ddress: 101 S. Old Coachman Rd # 822	Address: 101 S. Old Coachman Rd # 822
Clearwater, FL 33765	Clearwater, FL 33765
ame and Title:Anna Robertson - Director	Name and Title:
101 S. Old Coachman Rd # 822	Address:
address: 101 S. Old Coachman Rd # 822  Clearwater, FL 33765	Address:

SECKETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name: Anna Robertson	
Address: 101 S. Old Coachman Rd # 822	
Clearwater, FL 33765	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Anna Robertson	
Address: 101 S. Old Coachman Rd # 822	
Clearwater, FL 33765	
**********	******
	ce of process for the above stated corporation at the place designated in internet as registered agent and agree to act in this capacity
Moler	01/29/2016
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	
Nobs	01/29/2016
Required Signature/Incorporator	Date