## 16000047810

(Requestor's Name)  (Address)  (Address)	_ _	70028553736
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		05/09/160104002
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	_ _ (	SAN SEE STORING

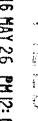
Office Use Only

6507



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## COVER LETTER

TO: Charter Section Division of Corpo	orations			
SUBJECT: ana-hob, inc.				
SUBJECT.	Name of	Resulting Flo	orida Profit	Corporation
The enclosed Certificate o Entity" into a "Florida Pro				ees are submitted to convert an "Other Business 15, F.S.
Please return all correspon	ndence concerning this	matter to:		
Kimberly R. Hayes				
<del></del>	Contact Person	· · · ·		
ana-hob, inc.				
	Firm/Company			
701 South Howard Avenue	e, Suite 106-122			
	Address			
Tampa, FL 33606				
Ci	ty, State and Zip Code	<del></del>	<del></del>	
kimberly@anahob.com				
E-mail address: (to b	e used for future annu	al report not	ification)	
For further information co	oncerning this matter, p	olease call:		
Kimberly R. Hayes		678	667-4	1246
Name of Cont	act Person		a Code and	Daytime Telephone Number
Enclosed is a check for the	e following amount:			
	J\$113.75 Filing Fees and Certificate of tatus	□\$113.75 F and Certifie		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	rcle		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

## 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" in	mmediately prior to the filing of this Certificate of Conver	rsion is:	
ana-hob (formerly anna-hob)	(4P11 , -1 , 44		
En	er Name of Other Business Entity	§ 5	
2. The "Other Business Entity" is a	partnership 500	HAY 2	marketon.
	ample: limited liability company, limited partnership, ommon law or business trust, etc.)		771
first organized, formed or incorporated under		PH IZ: 07	Ö
February 01, 2013	if a non-U.S. entity, the name of the country)		
	ess Entity" was first organized, formed or incorporated		
organized, formed or incorporated:	ntity" was changed, the state or country under the laws of the law	f which it i	s now
ana-hob, inc			
Enter	Name of Florida Profit Corporation		
	the effective date:  or more than 90 days after the date this document is find the attached Articles		
	not meet the applicable statutory filing requirements, this concepts the partment of State's records.	date will no	ot be

02 May	16
Signed thisday of	. 20 10
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator:    Chairman, Vice Chairman, Director, Office Incorporator:   Chairman, Director, Office Incorporator:   Chairman, Director, Office Incorporator:   Co-Foi	er, or, if Directors or Officers have not been selected, an under / VP / COO
Required Signature(s) on behalf of Other Business E	Intity: [See below for required signature(s).]
Signature: All Margers	
Printed Name: Christine M. Haves	Title: Partner
Signature: Kimberly R. Hayes	
Printed Name: Kimberly R. Hayes	Title: Partner
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
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)

<u>ARTICLE I</u>	NAME ana-hob, inc.		
The name of th	ne corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	place of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
701 South Ho	oward Avenue		
Suite 106-122	2		
Tampa, FL 3	3606		
	I PURPOSE		
- •	or which the corporation is organized is:		
Any and all law	vful business	* <u>inga</u>	<del></del>
		51.33 19 mm - 32.32	3
		32 - 2028 114	
			26
		116.5	3
		— 17 Aug	<u></u>
	·	92 m. 12 m.	<del>=</del>
		,	
	·		
ARTICLE IV	7 SHARES 20,000,000		
The number of	Shares of stock is: 20,000,000		
ARTICLE V		ectors '	
Name and Titl	Christine M. Haves, Founder/Pres/CFO		
Name and Th	701 South Howard Avenue, Ste 106-122	Name and Title:	
Address:	701 South Howard Avenue, Ste 100-122	Address:	
	Tampa, Florida 33606	·	
Name and Titl	Kimberly R. Hayes, Co-Founder/VP/COO		
Name and Th	701 South Howard Avenue, Ste 106-122	Name and Title:	
Address:		Address:	
Address:	Tampa, Florida 33606	Address:	
		Address:  Name and Title:	
	Tampa, Florida 33606		

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Kimberly R. Hayes	
Address:	701 South Howard Avenue, Ste 106-122	
	Tampa, Florida 33606	
<u>ARTICLI</u>		•
The <u>name</u>	and address of the Incorporator is:	•
Name:	Kimberly R. Hayes	
Address:	701 South Howard Avenue, Ste 106-122	
	Tampa, Florida 33606	
	en named as registered agent to accept service of procecate, I am familiar with and accept the appointment as	**************************************
7	Bemberly K. Hayes	5/3//6
<del></del>	Required Signature/Registered/Agent	Date
	his document and affirm that the facts stated herein ar to the Department of State constitutes a third degree fe	e true. I am aware that any false information submitted in coopy as provided for in s.817.155, F.S.
H	mbules R. Hays	5/3/16
/ ]	Required Signature/Incorporator	Date