P16000065364

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Charter Section Division of Co						
SUBJ	ECT: Live Your M	Message, Corp.					
~	1		Resultin	g Florida Pı	rofit	Corporation	
		e of Conversion, Article Profit Corporation" in ac				ees are submitted to convert an "O	Other Business
Please	return all corres	pondence concerning thi	s matter	to:			
Casey	Wilson						
	· - •· ·	Contact Person					
Ascen	tia Enterprise Mana	agement and Consulting, L	LC				
		Firm/Company					
2202 N	N Westshore Blvd.	Suite 200					
		Address					
Tampa	ı, FL 33607						
·		City, State and Zip Code	e				
cw@th	neascentiagroup.com	m					
I	E-mail address: (t	o be used for future annu	ual repor	t notificatio	n)		
For fu	rther information	concerning this matter,	please ca	all:			
Casey	Wilson		at (⁸¹³)4	48-65	558 ext. 112	
	Name of Co	ontact Person		Area Code	e and	Daytime Telephone Number	
Enclos	sed is a check for	the following amount:					
= \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		.75 Filing F rtified Copy		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Cliftor	ET ADDRESS: Filings Section on of Corporation Building Executive Center			Ne Di P.	ew Fi visio O. B	ING ADDRESS: Elings Section on of Corporations ox 6327 ussee, FL 32314	

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

16 AUG - | AM 8: 25

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	1S:
Live Your Message	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a 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	
9/3/2013 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 whic organized, formed or incorporated: 4. The purpose of the Elevide Profit Companies as set forthis the attacked Actions of Leavener times.	h it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>	
Live Your Message, Corp.	
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 Department of State; AND 2) must be the same as the effective date listed in the attached Articles of In 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 w listed as the document's effective date on the Department of State's records.	corporation,

·•		
Signed this 27th day of July	, 20	- FILED
Daniel J. Cianatana Car. Electrica Description		
Signature of Chairman, Vice Chairman, Off Incorporator: Printed Name: Murray Gray Title: Direct	icer, or, if Directors or Office	16 AUG - 1 AM 8: 25 ers have not been selected, an FALL AHASSEE FLORIDA
Required Signature(s) on behalf of Other Business	Entity: [See below for requ	uired signature(s).]
Signature:		
Printed Name: Murray Gray	Title: Director	
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 Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y 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)

ARTICLE I	NAME Live Your Me	essage, Corp.	16 AUG -1 AM 8: 26
The name of the	ne corporation shall be:		SECRETARY OF TARK
	PRINCIPAL OFFICE		SECRETARY OF STATE TALLAHASSEE FLORID
The principal	place of business/mailing address is:		
2202 N Westsh	Principal street address ore Blvd.		Mailing address, if different is:
Suite 200			
Tampa, FL 336	07		
The purpose f	T PURPOSE or which the corporation is organize	ed is:	
Coaching, bran	ding and web design.		
			· · · · · · · · · · · · · · · · · · ·
			
ARTICLE I	7 SHARES		
The number of	f shares of stock is:		
ADTICI E T	INITIAL OFFICERS AND/O	OP DIPECTORS	
AKTICLE V	Marisa Murgatroyd - President	M DIRECTORS	Marisa Murgatroyd - Director
Name and Tit	le:	Name and Titl	le:
Address:	2202 N Westshore Blvd. Suite 200	Address:	2202 N Westshore Blvd. Suite 200
ridaress.	Tampa, FL 33607	1146.055.	Tampa, FL 33607
Name and Tit	Marisa Murgatroyd - Secretary	Name and Titl	Murray Gray - Director
Address:	2202 N Westshore Blvd. Suite 200	Address:	2202 N Westshore Blvd. Suite 200
	Tampa, FL 33607		Tampa, FL 33607
Name and Tit	Murray Gray - Treasurer le:	Name and Titl	le:
Address:	2202 N Westshore Blvd. Suite 200	Address:	
	Tampa, FL 33607		

ARTICL	E VI REGISTERED AGENT		
The name	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:	FILED
Name:	Incorp Services, Inc.		16 AUG - 1 AM 8: 26
Address:	17888 67th Court North		SECRETARY LESS LES
	Loxahatchee, FL 33470		SECRETARY OF STATE TALLAHASSEE FLORIDA
<u>ARTICL</u>			
The <u>name</u>	and address of the Incorporator is:		
Name:	Murray Gray		
Address:	2202 N Westshore Blvd. Suite 200		
	Tampa, FL 33607		

inis ceruji	icate, I am familiar with and accept the appoi	ntment as registerea agent ana agree to act i	in this capacity
<u>Ja</u>	sil Johnson on bet	ralf of O7/27/2016 Date 10040 Services, ING.	
V	Required Signature/Registered Agent	Date Date	
	ہے۔ his document and affirm that the facts stated to the Departme nt of State constitutes a third	l nerein are true. I am aware that any false	
		07/27/2016	
	Required Signature/Incorporator		Date