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(Business Entity Name)

(Document Number)

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16 SEP -7 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** LOVJUICE FRANCHISING, 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:

Louis S. Weltman

Contact Person

LosoweCapital, Inc.

Firm/Company

6615W. BoyntonBeachBlvd., Suite341

Address

BoyntonBeach, FL 33437

City, State and Zip Code

losowecapital@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis S. Weltman at ( 561 ) 715-8836

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees    ☒ \$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**

16 SEP -7 PM 2:50  
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:  
LOVJUICE FRANCHISING, 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 January 21, 2015

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 **attached Articles of Incorporation**:  
LOVJUICE FRANCHISING, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: August 1, 2016  
(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.

Signed this 15th day of August, 2016.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Louis Weltman

Printed Name: Louis Weltman Title: Chairman

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

Signature: Clarissa Roxberry

Printed Name: Clarissa Roxberry 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. (Profit)**

**ARTICLE I NAME**

The name of the corporation shall be: LOVJUICE FRANCHISING, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
4199N. Dixie Highway, #5

Boca Raton, FL 33431

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawful purposes

16 SEP - 7 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000,000 shares of Common Stock and 10,000,000 shares of Preferred Stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Louis S. Weltman, Chairman

Address: 6615W. Boynton Beach Blvd., Suite 341  
Boynton Beach, FL 33437

Name and Title: Clarissa Roxberry, President Director

Address: 4199N. Dixie Highway, #5  
Boca Raton, FL 33431

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Nidal Kanaan, Director

Address: 1330 West Avenue, #1607  
Miami Beach, FL 33139

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: James M. Painter, Esq.  
Address: 1300 N. Federal Highway, Ste 110  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

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

Name: Losowe Capital, Inc.  
Address: 6615 W. Boynton Beach Blvd., Suite 341  
Boynton Beach, FL 33437

\*\*\*\*\*

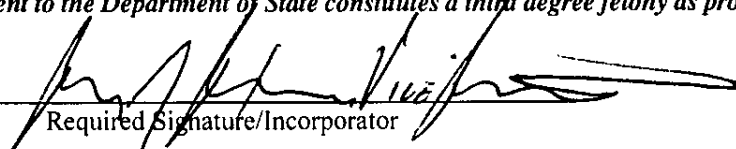
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
August 15, 2016

\_\_\_\_\_  
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

\_\_\_\_\_  
August 15, 2016

\_\_\_\_\_  
Date

16 SEP - 7 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA