

P16000087144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

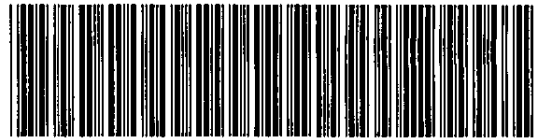
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100290841581

10/04/16--01007--003 **105.00

10 OCT 31 PM 4:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Fertility Heaven

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:

Miriam Torres

Contact Person

Fertility Heaven

Firm/Company

960 West 41st Street, Suite 116

Address

Miami Beach, FL 33140

City, State and Zip Code

miriam@fertilityheaven.com

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

For further information concerning this matter, please call:

miriam torres

at (786) 728-4711

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2016

MIRIAM TORRES 2ND ML
960 WEST 41ST STREET, SUITE 116
MIAMI BEACH, FL 33140

SUBJECT: FERTILITY HEAVEN
Ref. Number: W16000068285

We have received your document for FERTILITY HEAVEN and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Add the corporate suffix in #1 on conversion form.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 416A00021414

COVER LETTER

→ 126 W16 @ 0000
68285

TO: Charter Section
Division of Corporations

SUBJECT: Fertility Heaven 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:

Miriam Torres
Contact Person

Fertility Heaven
Firm/Company

960 West 41st Street Suite 116
Address

Miami Beach, FL 33140
City, State and Zip Code

Miriam@Fertilityheaven.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miriam Torres at (786) 728 4711
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

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:

Fertility Heaven, LLC L11-129011
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 11/15/2011 11/14/2011
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:

NA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Fertility Heaven, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: November 1st 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 24 day of October, 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: [Signature]

Printed Name: Miriam Torres Title: Director

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

Signature: [Signature]

Printed Name: Miriam Torres 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 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: Fertility Heaven, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
960 West 41st Street
Suite 116
Miami Beach, FL 33140

Mailing address, if different is:
960 West 41st Street
Suite 116
Miami Beach FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The core purpose of the agency is
to match intended parents with
egg-donors and surrogates.

16 OCT 31 PM 4:26
CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miriam Torres, Director Name and Title: _____

Address: 960 West 41st Street Address: _____
Suite 116
Miami Beach, FL 33140

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: Miriam Torres
Address: 960 West 41st Street Suite 116
Miami Beach FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miriam Torres
Address: 960 West 41st Street Suite 116
Miami Beach, FL 33140

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

10/24/16

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

10/24/16

Date

Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 OCT 31 PM 4:26