## PN000041561

| (Requestor's Name)                        |                   |  |  |  |
|---|-------------------|--|--|--|
| (Address)                                 |                   |  |  |  |
| (Address)                                 |                   |  |  |  |
| (City/State/Zip/Phone #)                  |                   |  |  |  |
| PICK-UP WAIT M                            | AIL               |  |  |  |
| (Business Entity Name)                    |                   |  |  |  |
| (Document Number)                         | (Document Number) |  |  |  |
| Certified Copies Certificates of Status _ |                   |  |  |  |
| Special Instructions to Filing Officer:   |                   |  |  |  |
|   |                   |  |  |  |
|   |                   |  |  |  |
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Office Use Only



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## **COVER LETTER**

| Division of Corpo  |   |                                 |  |                         |
|--|---|---------------------------------|--|-------------------------|
| SUBJECT: CosmeticsLase   | ers.com Inc.                                    |                                 |  |                         |
|  | Name of I                                       | Resulting Florida               | Profit Corporation   | <del>-</del>            |
| The enclosed Certificate of Entity" into a "Florida Pro  |   |                                 | n, and fees are submitted to conv<br>607.1115, F.S.  | vert an "Other Business |
| Please return all correspon  | ndence concerning this                          | matter to:                      |  |                         |
| Rory Tringali  |   |                                 |  |                         |
| Pula   | Contact Person                                  | -                               | -  |                         |
| - Puly   | Firm/Company                                    |                                 | -  |                         |
| 905 E Hillsboro Blvd   |   |                                 |  |                         |
|  | Address   |                                 |  |                         |
| Derrfield Beach, Fl 33441  |   |                                 | -  |                         |
| C  | ity, State and Zip Code                         | ;                               |  |                         |
| rorytringali@me.com  |   |                                 |  |                         |
| E-mail address: (to  | be used for future annu                         | al report notifica              | ition)   |                         |
| For further information co   | oncerning this matter, p                        | please call:                    |  |                         |
| Rory Tringali  |   | at (                            | 965-2211   |                         |
| Name of Con  | tact Person                                     |                                 | ode and Daytime Telephone Nu   | ımber                   |
| Enclosed is a check for the  | ne following amount:                            |                                 |  |                         |
|  | 3\$113.75 Filing Fees and Certificate of Status | □\$113.75 Filin and Certified C |  |                         |
| STREET ADDRESS:<br>New Filings Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center C<br>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.

| business circly time at rotter to poration in accordance with 5, 507.1115, 1 fortage dutings.  |             |
|--|-------------|
| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion i   | s:          |
| Cosmetic Laser Marketing LLC 111 - 1300010   |             |
| 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)  |             |
| 11/15/2011   |             |
| 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 organized, formed or incorporated:   | n it is now |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:  CosmeticLasers.com 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 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 will listed as the document's effective date on the Department of State's records. | corporatio  |
| Page 1 of 2  | 17 HAY -9 A |

| Signed this                         | April day of 26th  | 20   |                |                  |  |
|-------------------------------------|--|--|----------------|------------------|--|
| Required                            | Signature for Florida Profit Corporation:  | 1  |                |                  |  |
| Signature of Incorporate Printed Na | of Chairman, Vice Chairman, Director, Officer or: X me: Rory Tringali Title: Officer   | cer or, if Directors or Officers have not bee                | n selecte      | ed, an           |  |
|                                     | Signature(s) on behalf of Other Business   | <del></del>  |                |                  |  |
| Signature:                          | - pay 1 mg   |  | -              |                  |  |
| Printed Na                          | Rory Tringali<br>me:   | Title: Officer   | <del>-</del>   |                  |  |
| Signature:                          |  |  | _              |                  |  |
| Printed Na                          | me:  | Title:   | _              |                  |  |
| Signature:                          |  | ······································                       | _              |                  |  |
| Printed Na                          | me:  | Title:   | _              |                  |  |
| Signature:                          |  |  | _              |                  |  |
| Printed Na                          | me:  | Title:   | -              |                  |  |
| Signature:                          | • <b>• • • • • • • • • • • • • • • • • • </b>  | **************************************                       | _              |                  |  |
| Printed Na                          | me:  | Title:   | _              |                  |  |
| Signature:                          |  |  | _              |                  |  |
| Printed Na                          | me:  | Title:   | _              |                  |  |
|                                     | General Partnership or Limited Liability of one General Partner.   | Partnership:   |                |                  |  |
|                                     | Limited Partnership or Limited Liability of <u>ALL</u> General Partners.   | Limited Partnership:   |                |                  |  |
|                                     | Limited Liability Company: of a Member or Authorized Representative.   |  |                |                  |  |
| All others<br>Signature             | in the state of th |  | FALL A         | 17 K             |  |
| Fe<br>Ce                            | ertificate of Conversion:<br>es for Florida Articles of Incorporation:<br>ertified Copy:<br>ertificate of Status:  | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) | ELARS DE STATE | MAY -9 AX 10: 44 |  |
|                                     |  | Page 2 of 2  | >              | ~                |  |

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II PRINCIPAL OFFICE  |  |                                |  |
|--|--|--------------------------------|--|
| The principal place of business/mailing address is:  |  |                                |  |
| Principal street address<br>905 E Hillsboro Blvd   | Mailing address, if different is: 2637 East Atlantic Blvd #18085 |                                |  |
| Deeerfield Beach, Fl 33441   | Pompano Beach, Fl 330  | 62                             |  |
| ARTICLE III PURPOSE  | <del> </del>   |                                |  |
| The purpose for which the corporation is organized is:   |  |                                |  |
| Any and All Lawful Business  |  |                                |  |
|  | •  |                                |  |
|  |  |                                |  |
|  |  |                                |  |
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|  |  |                                |  |
|  |  |                                |  |
|  |  |                                |  |
|  |  |                                |  |
| The number of shares of stock is:  |  |                                |  |
| ARTICLE V INITIAL OFFICERS AND/OR DI   |  |                                |  |
| The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DE  Name and Title:  Rory Tringali — President  | RECTORS  Name and Title:   |                                |  |
| Name and Title:  Rory Tringali  905 E Hillsboro Blvd   |  |                                |  |
| The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DE  Name and Title:  Rory Tringali — President  905 E Hillsboro Rivd                            | Name and Title:Address:  |                                |  |
| ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title:  Rory Tringali — President  905 E Hillsboro Blvd  Deerfield Beach, FL 33441                                     | Name and Title: Address:   | 17 MAY - C                     |  |
| ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title:  Rory Tringali — President  905 E Hillsboro Blvd  Deerfield Beach, FL 33441                                     | Name and Title: Address:   | 17 HAY-9                       |  |
| The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title:  President  905 E Hillsboro Blvd  Deerfield Beach, FL 33441  Name and Title: | Name and Title:  Address:  Name and Title:                       | 17 MAY -9 AH                   |  |
| ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title:  Post E Hillsboro Blvd Deerfield Beach, FL 33441  Name and Title:  Address:                                     | Name and Title:  Address:  Name and Title:  Address:             | 17 MAY - 9 AH ID: 4            |  |
| Name and Title:  Deerfield Beach, FL 33441  Name and Title:  Name and Title:   | Name and Title:  Address:  Name and Title:  Address:             | 17 MAY-9 AH ID: 44 SEPTE DRIDA |  |

| The name           | e and Florida street address (P.O. Box NOT accepta   | ble) of the registered agent is:   |             |
|--------------------|--|--|-------------|
| Name:              | Rory Tringali  |  |             |
| Address:           | 905 E Hillsboro Blvd   |  |             |
|                    | Deerfield Beach, Fl 33441  |  |             |
| ARTICL<br>The name | E VII INCORPORATOR e and address of the Incorporator is:   |  |             |
| Name:              | Rory Tringali  |  |             |
| Address:           | 905 E Hillsboro Blvd   |  |             |
|                    | Deerfield Beach, Fl 33441  |  |             |
|                    | een named as registered agent to accept service of pricate, I am familiar with and accept the appointment        | **************************************   | ignated in  |
|                    | Low M  | 04/26/2017   |             |
|                    | Required Signature/Registered Agent  | Date   |             |
|                    | this document and affirm that the facts stated herein<br>t to the Department of State constitutes a third degree | are true. I am aware that any false information subnefelony as provided for in \$817.155, F.S. | ritted in a |
|                    | Kny //h  | 04/26/2017   |             |
|                    | Required Signature/Incorporator  | Date   |             |

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TALLARIASSEE FLORIDA