

P17000068398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

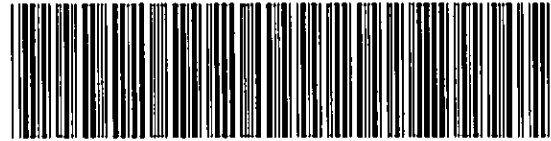
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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W17-61305

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T. BURCH
AUG 15 2017

T. BURCH

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Full Bloom Vegan 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:

Alessandro Farana

Contact Person

Full Bloom Vegan

Firm/Company

11 Island Ave.

Address

Miami Beach, FL 33139

City, State and Zip Code

Fulbloomvegan@gmail.com

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

For further information concerning this matter, please call:

Alessandro Farana

Name of Contact Person

at (305) 397-8018

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2017

ALESSANDRO FARANA
11 ISLAND AVE
MIAMI BEACH, FL 33139

SUBJECT: FULL BLOOM VEGAN INC.
Ref. Number: W17000061305

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

The Certificate of Conversion must state the date on which, and the jurisdiction in which, the other business entity was first organized and, if changed, its jurisdiction immediately prior to the conversion.

The Certificate of Conversion must be signed by an authorized person.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch

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DIVISION OF CORPORATIONS
17 AUG -7 PM 3:06

Regulatory Specialist III

Letter Number: 117A00015034

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:

Full Bloom Vegan 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 04/16/2015
~~Enter date "Other Business Entity" was first organized, formed or incorporated.~~

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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:

n/a

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

Full Bloom Vegan Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 7/12/2015

(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 14 day of July, 2017.

Required Signature for Florida Profit Corporation:

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

Incorporator:

Printed Name: Alessandro Farana Title: CEO

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

Signature:

Printed Name: ALESSANDRO FARANA Title: OWNER

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: Fuili Bloom Vegan Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

11 Island Ave

Miami Beach FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management

ARTICLE IV SHARES

~~The number of shares of stock is:~~ 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alessandro Farana

Name and Title: _____

Address: 11 Island Ave

Address: _____

Miami FL 33139

Name and Title: Omar Barberini

Name and Title: _____

Address: 11 Island Ave

Address: _____

Miami FL 33139

Name and Title: Nicola Dominici

Name and Title: _____

Address: 11 Island Ave

Address: _____

Miami FL 33139

ARTICLE VI REGISTERED AGENT

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

Name: Alessandro Farana
Address: 11 Island Ave
Miami FL 33139

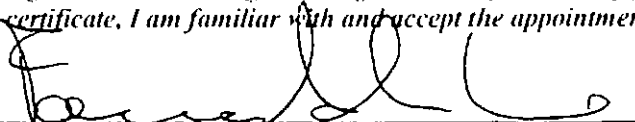
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alessandro Farana
Address: 11 Island Ave
Miami FL 33139

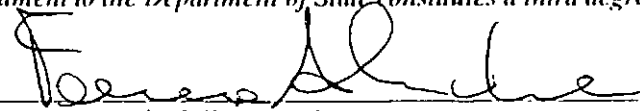
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CLERK OF DISTRICT COURT
JULIA S. BROWN

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

07/19/2017
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

07/19/2017
Date