PN000084480

(Requestor's Name)				
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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T SCHROEDER

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:					
Joyful Life Consulting, LLC 117-187415 Enter Name of Other Business Entity					
Enter Name of Other Business Entity					
2. The "Other Business Entity" is a <u>United Lability Company</u> , (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)					
September 1,2017					
on September 1, 2017 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: Flonda.					
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:					
Toyful Life Consulting The Enter Name of Florida Profit Corporation					
5. If not effective on the date of filing, enter the effective date: 1000 9 100					

Page 1 of 2

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Signec	this 10 day of October	, 20 <u>17</u> .		
Requi	red Signature for Florida Profit Corporation	<u>n:</u>		
Incorp	ure of Chairman, Vice Chairman, Director, Officiator: Orator: DECEMBER Title: Pre		been selected, an	
Requi	red Signature(s) on behalf of Other Business	Entity: [See below for required signatu	ure(s).]	
Signat	ure: Joyce Maxin			
Printe	ure: Joyce Mason	Title: President		
Signat	ure:			
Printed	i Name:	Title:		
Signat	ure:			
Printed	d Name:	Title:		
Signat	ure:			
Printed	d Name:	Title:		
Signat	ure:			
Printec	i Name:	Title:		
Signat	ure:			
Printed	l Name:	Title:		
	rida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership:		
If Flor Signat	rida Limited Partnership or Limited Liability ures of ALL General Partners.	y Limited Partnership:		
	rida Limited Liability Company: ure of a Member or Authorized Representative.			
All oth Signati	ners: are of an authorized person.		17 003	
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)	119 ET 9:3	•

Page 2 of 2

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

The name of the corporation shall be:	yful Life Consulting, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address in	S:
Principal street address Principal street address Principal street address Principal street address	Mailing address, if different is:
Unit 10B Jupiter, FL 33458	
ARTICLE III PURPOSE The purpose for which the corporation is organ	•
-1 Consulting and	Reiki Business
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND	O/OR DIRECTORS
Name and Title: Joyce Maso Address: Wolf malards	Covered Address:
Name and Title:	Name and Title:
Address:	
Name and Title:	
\ddress:	Address:

ARTICLE VI REGISTERED AGENT	1	:
The name and Florida street address (P.O. Box	NOT acc	ptable) of the registered agent is:
Name: Dayce Mason	- 	
Address: 6701 Mallards	<u>`</u> 2∨e 9	Rd Unit 10B Joyce mason
Jupiter, FL 33	428	Joyce mason
ARTICLE VII INCORPORATOR: The name and address of the Incorporator is:		O t
Now Touce Mason		
Address: MOI Mallards	Cove	e 120 Unit10B
Jupiter, FL 334	58	Joyce mason
*****	******	
Having been named as registered agent to accept this certificate, I am familiar with and accept the	t service o appointm	f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
Required Signature/Registered Agent	,	10/10/17 Date
I submit this document and affirm that the facts document to the Department of State constitutes	stated ker a third deg	an are true. I am aware that any false information submitted in a ree felony as provided for in s.817.155, F.S.
Ooureman		10/10/17
Required Signature/Incorporator		Date
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