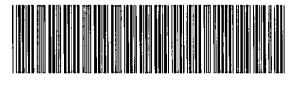
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(Requestor's Name)		
(Address)		
(Āc	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SERRELARY OF STATE
TALLARIASSEE, FLORIOZ

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COVER LETTER

STREET ADDRESS:		MAII	ING ADDRESS:
\$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
Enclosed is a check for	the following amount:		
Amanda Name of Co	Min TOn ontact Person	at (<u>\$43</u>) <u>\</u> Area Code and	Daytime Telephone Number
For further information concerning this matter, please call:			
Nello Minto E-mail address: (i	o be used for future annu	al report notification)	
Delray Bea	City, State and Zip Code	- <u>42</u>	
813 Delma	r Way #41 Address	<u> </u>	
Practical	ly Sportaneo	Mr. Inc	
Amanda	MINTON Contact Person		
Please return all corresp	pondence concerning this	s matter to:	
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.			
SUBJECT:	Name of	Resulting Florida Profit	<u>(γ) U -</u> Corporation
Division of Co	rporations Deach caller of	DAIN TUNNANA C	110/
TO: Charter Section			

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 <u>and attached Articles of Incorporation</u> 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:
Sol Shine Yuga Andio, UC UN-144827 Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a (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
on 7/5/2017
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: 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Practically Spontaneous Inc. Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 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.
Page 1 of 2

TALLAHASSEE, FLORIDA

Signed this 15Th day of NOVIMPE	20 17			
Required Signature for Florida Profit Corporation:	i.			
Signature of Chairman, Vice Chairman, Director, Office Incorporator, Printed Name: AVVIANAL MINIMULE: DIV	eer, or, if Directors or Officers have not	been sel	ected.	an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signatu	re(s).]		
Signature:				
Printed Name: Amanda Minton	_ Title: DIrt Ctilr & CEO			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:				
Signature:				
Printed Name:	Title:	<u>—</u> .		
Signature:		SE 6	17 (
Signature: Printed Name:	Title:	AHAS)EC	<u>"</u>
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	RY of s	-	ED
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	TATE	9: 43	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		•		
All others: Signature of an authorized person.				
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)			

a with a second

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

The name of the corporation shall be: Practically	4 Spontaneous, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	J
Principal street address	Mailing address, if different is:
813 Delmar way #411 Delvay Beach FL 33483	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Edu (ation & Community -	
	TOEC II AM SEBRETARY OF FALLAMASSEE. F
	9: <u>F3</u>
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS
Name and Title: Amanda Minton, Direct Address: 813 Delmar Way Hull Delvay Brach, Fr 324	Address:
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
	nanda Minton	
	Delmar Way #411	
	1/214 Brach FL 32483	
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:	
Name: AM	landa Minton	
Address: <u>\$12</u>	Delmar Way #411	
De	Ivay Beach FL 32483	
	,	
********	********	***************************************
Requ I submit this doc	ned as registered agent to accept service of process for the am familiar with and accept the appointment as registered aired Signature/Registered Agent sument and affirm that the facts stated herein are true. I Department of State constitutes a third degree felony as process.	d agent and agree to act in this capacity
Regui	ired Signature/Incorporator	111517 Date
, , , , , , , , , , , , , , , , , , ,	nea signalare meorporage	Date
		FILED 17 DEC 11 AM 9: 43 SEGRETARY OF STATE FALL AHASSEE. FLORIDA 3: