

P18000000025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

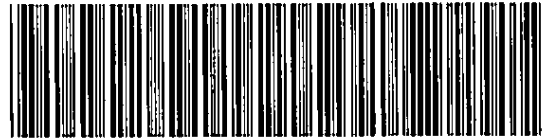
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 DEC 29 AM 10:18
U.S. DISTRICT COURT
N. DISTRICT OF CALIF.

T. BURCH

JAN 2 2018

COVER LETTER

TO: Charter Section
Division of Corporations

InBloom Group Inc

SUBJECT: _____
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:

Hortensia Ullivarri

Contact Person

InBloom Group

Firm/Company

2500 NW 79th Ave. Ste 215

Address

Doral, FL 33122

City, State and Zip Code

hortensia@inbloomgroup.com

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

For further information concerning this matter, please call:

Hortensia Ullivarri

305-436-0030

at ()

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

FILED
17 DEC 29 AM 10:18

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:
InBloom Group LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company 204-9908
(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)

2/5/2004
on _____
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:
Florida

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

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2018
(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.

Signed this 14 day of December, 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: Hortensia Ullivarri Title: CEO

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

Signature: Hortensia Ullivarri

Printed Name: Hortensia Ullivarri Title: CEO

Signature: Flavio Ullivarri

Printed Name: Flavio Ullivarri Title: COO

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

InBloom Group Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
2500 NW 79th Avenue, Suite 215

Doral, Florida 33122

Mailing address, if different is:
PO Box 527626

Miami, Florida 33152

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

10,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hortensia Ullivarri, CEO

Address: PO Box 527626

Miami, Florida 33152

Name and Title: Flavio Ullivarri, COO

Address: PO Box 527626

Miami, Florida 33152

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: Flavio Ullivarri
Address: 2500 NW 79th Avenue, Ste 215
Doral, Florida 33122

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hortensia Ullivarri
Address: 2500 NW 79th Avenue, Ste 215
Doral, Florida 33122


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CLERK OF THE COURT
JANET L. HARRIS

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

12/14/2017
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

12/14/2017
Date