P18000024646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

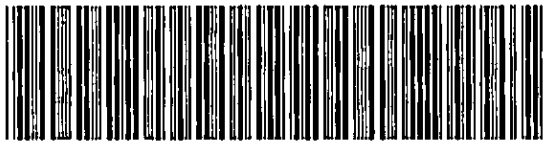
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 MAR 12 AM 8:32

TALLAHASSEE, FLORIDA

J. FASON

MAR 16 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SOFI'S NAILS 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:

SAFIAH DELAHOZ
Contact Person

SOFI'S NAILS INC
Firm/Company

1093 S FERDON BLVD
Address

CRESTVIEW, FL 32536
City, State and Zip Code

SNSINGUYEN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SI NGUYEN at (850) 543-6760
Name of Contact Person — 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

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:

SOFI'S NAILS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a SOFI'S NAILS LLC
(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 03/08/2016
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 **attached Articles of Incorporation:**

SOFI'S NAILS 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.

18 MAR 12 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 07 day of MARCH, 2018.

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: SI NGUYEN Title: CHIEF FINANCIAL OFFICER

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

Signature: _____

Printed Name: SAFIAH DELAHOZ Title: MANAGER

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: SOFI'S NAILS INC

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
1093 S FERDON BLVD	1093 S FERDON BLVD
CRESTVIEW, FL 32536	CRESTVIEW, FL 32536

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DELAHOZ SAFIAH, CEO	Name and Title: KAY THUY NGUYEN, COO
Address: 5950 WIND TRACE ROAD CRESTVIEW FL 32536	Address: 118 MULRY DR NICEVILLE FL 32578
Name and Title: DELAHOZ MARIO J, CMO	Name and Title: SI NGUYEN, CFO
Address: 5950 WIND TRACE ROAD CRESTVIEW FL 32536	Address: 118 MULRY DR NICEVILLE FL 32578
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: SI NGUYEN

Address: 118 MULRY DR

NICEVILLE FL 32578

ARTICLE VII INCORPORATOR

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

Name: SAFIAH DELAHOZ

Address: 1093 S FERSON BLVD

CRESTVIEW FL 32536

****

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

S nguyen
Required Signature/Registered Agent

03/07/2018
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.

Safiah Delahoz
Required Signature/Incorporator

03/07/2018
Date