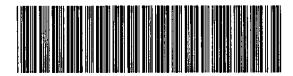
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(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies Certificates of Status				
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#### **COVER LETTER**

TO:	Charter Section Division of Co					
SUBJ	FCT: HEY HON	EY INC				
5050	<u></u>	Name of	Resulting Flor	ida Profit	Corporation	
The en	nclosed Certificatorii nto a "Florida"	te of Conversion, Article Profit Corporation" in ac	s of Incorporat	ion, and f s. 607.11	ees are submitted to convert ar 15, F.S.	"Other Business
Please	return all corres	pondence concerning thi	s matter to:			
KATE	ERINA YOFFE					
		Contact Person				
HEY I	HONEY INC					
		Firm/Company				
5551 1	Marquesas Circle #	77-A				
		Address				
Saraso	ota, FL 34233					
		City, State and Zip Cod	e			
katerir	na@heyhoney.com	ı				
	E-mail address: (1	to be used for future ann	ual report notif	ication)		
For fu	rther information	concerning this matter,	please call:			
KATE	ERINA YOFFE		720 at (	360-0	094	
	Name of Co	ontact Person	_ \	Code and	l Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
□ \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi	ET ADDRESS: Filings Section on of Corporation in Building			New F Division	ING ADDRESS: ilings Section on of Corporations Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

### <u>Certificate of Conversion</u>

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 C HEY HONEY INC	Conversion is:
Enter Name of Other Business Entity	<u> </u>
2. The "Other Business Entity" is a S-Corporation	
(Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.)	ip,
first organized, formed or incorporated under the laws of Colorado	
(Enter state, or if a non-U.S. entity, the name of the country)	_
July 15th 2011 on	
Enter date "Other Business Entity" was first organized, formed or incorpora	ited
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the la organized, formed or incorporated:	·
<ol> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporal</u>.</li> <li>Hey Honey Inc.</li> </ol>	<u>tion:</u>
Enter Name of Florida Profit Corporation	<b>-</b> •
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 Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.  Page 1 of 2	·
	OF STAIL

	244	•	
Signed	thisday of	, 20 <sup>18</sup>	
Requi	red Signature for Florida Profit Corporation	<u>n:</u>	
Signatu Incorpe Printed	ure of Chairman, Vice Chairman, Director, Offorator:  Name: Katerina Yoffe Title: Presid	ficer, or, if Directors or Officers have not	been selected, an
Requir	red Signature(s) on behalf of Other Business	s Entity: [See below for required signatu	rre(s).]
Printed	Name: HATERINA YOKE Land	lea Title: CEO	
Signati	ire:		
Printed	Name:	Title:	
Signati	ıre:		<del></del>
Printed	Name:	Title:	
Signati	ire:		
Printed	Name:	Title:	
Signati	ure:		
Printed	Name:	Title:	
Signati	ıre:		
Printed	Name:	Title:	Andrews (San Andre
	ida General Partnership or Limited Liabilit ure of one General Partner.	ty Partnership:	
	ida Limited Partnership or Limited Liabilitures of <u>ALL</u> General Partners.	y Limited Partnership:	
	ida Limited Liability Company: are of a Member or Authorized Representative.		
All oth Signatu	ers: are 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)	

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

ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:			
Principal street address	Mailing address, if differ	rent is:	
5551 Marquesas Circle #7-A	5551 Marquesas Circle #7-A		
Sarasota, FL 34233	Sarasota, FL 34233		
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
SKIN CARE PRODUCT PRODUCTION.			<u>-</u>
·			<u>-</u>
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ARTICLE IV SHARES 1,000			
The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS		
Katerina Yoffe/President			_
Name and Title:	Name and Title:		
Name and Title:  4775 Watermark Lane		<del>_</del>	
Address:  4775 Watermark Lane  Sarasota, FL 34238	Address:		
Address:  4775 Watermark Lane  Sarasota, FL 34238	Address:		
Address:  4775 Watermark Lane  Sarasota, FL 34238  Name and Title:	Address:  Name and Title:		
Address:  4775 Watermark Lane  Sarasota, FL 34238  Name and Title:  Address:	Address:		
Address:  4775 Watermark Lane  Sarasota, FL 34238  Name and Title:  Address:	Address:  Name and Title:  Address:		
Address:  4775 Watermark Lane  Sarasota, FL 34238  Name and Title:  Address:	Address:  Name and Title:  Address:		

ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Katerina Yoffe Name: 4775 Watermark Lane Address: Sarasota, FL 34238 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Katerina Yoffe Name: 4775 Watermark Lane Address: Sarasota, FL 34238 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 familian with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 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