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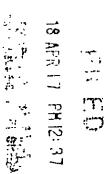
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Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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APR 1 7 2018 T SCHROEDER

COVER LETTER

TO: Charter Section Division of Co				
Lah Dee Da	th Travel Spa Co.			
SUBJECT:	Name of	Resulting Florid	a Profit	Comoration
		-		·
	te of Conversion, Article: Profit Corporation" in ac	•		ees are submitted to convert an "Other Busines 15, F.S.
Please return all corres	pondence concerning this	s matter to:		
Anna Duffie				
	Contact Person		-	
	Firm/Company		_	
29 Willow Breeze Lane				
	Address		-	
Ponte Vedra, FL 32081				
	City, State and Zip Code	e	_	
lahdeedahtravelspa@gm	ail.com			
E-mail address: (to be used for future annu	ual report notification	ation)	
For further information	concerning this matter,	please call:		
Anna Duffie		904 at (614-8	444
Name of C	ontact Person		ode and	Daytime Telephone Number
Enclosed is a check for	the following amount:			
	☐\$113.75 Filing Fees and Certificate of Status			☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section				ING ADDRESS:
Division of Corporatio	ns		Divisio	on of Corporations
Clifton Building 2661 Executive Center	Circle			30x 6327 assee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Convention 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 Stamtes.
1. The name of the "Other Eustness Entity" immediately prior to the filing of this Certificate of Conversion is:
Lah Dee Dah Travel Spa LIJ: LIN - 261250
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.)
Florida First organized formed or instrumental under the large of
first organized, formed or inconsented under the laws of (Enter state, or if a non-U.S. emity, the name of the country)
January 1, 2018 on
Enter due "Other Business Entity" was first organized, formed or incorporated
5. If the jurisdiction of the "Other Business Emity" 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: Lah Dec Dah Travel Spa Co.
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 Florid.
Department of State.)

Page 1 of 2

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.

PR 17 PH 12: 3

	7th	April	18			İ
Signed	this	April day of	, 20,			
Requir	red Signat	ure for Florida Profit Corporation:				
Signatu Incorpo Printed	ure of Cha orator: Name: A	nna Dullic Title: Director	or, if Directors or Officers have not bee	n selected	, an	
Requir	red Signal	ure(s) on behalf of Other Business Entit	tv: See below for required signature(s).]		
Signati		une Diffie Dire	ctor		i	
Printed	Name:	othric T	Director itle:			
Signan	ire: 玠	OCCIAILANDINGK Dirt	(TO)			
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<u>If Flori</u>	da Limiti	d Partnership or Limited Liability Limi	ited Partnershin:			
		L General Partners.		,,,		
If Flori Signatu	de Limite re of a Me	d Liability Company: mber or Authorized Representative.			9.	
All othe	ers:	thorized person.		A T	APR 17	***** ******
	Fees for E Certified	Torida Articles of Incorporation: \$70 Copy: \$8.	5.00 0.00 .75 (Optional) .75 (Optional)	9	PH 12: 37	

Page 2 of 2

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

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	and Flor	PEGISTERED AGE	O. Box NOT acce	omble) of the registered ager	nt is:	
Name:	Anna D	uffie 		•		
Address:	29 Wille	w Breeze Lau:				
courtes.	Ponte V	odra, FL 32081	·			
ARTICL		INCORPORATOR				
he <u>name</u>	_	ress of the Incorporator	ris:			
lame:	Anna D	<u> </u>				
.ddress:	29 Willo	ow Breeze Lame		•		
	Ponte Ve	edra, FL 32(%)	· ·	- ·	•	
*****	*****	 				
laving be	en names	as registered agent to	accept service of	process for the above states	d aanna	place designa
пь селији	case, 1 am	il jamu lar with and acci	ept the appointme	nt as registered agent and a	gree to act in this c	арасну
	للح	Delini		4.	7-2019	
	Require	d Signaturt/Registered	Agent		7-2018 Deac	
						I .
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submit th	ix docum to the Dep	 sent and affirm that the partment of State const 	e facts stated here titutes a third degr	in are true. I am aware the re felony as provided for in	at any false informa s.817.155, F.S.	ation submitted
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