

P18 000 048 698

(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: _____

Office Use Only



900309772029

03/05/18--01043--009 **85.00

05/22/18--01002--004 **87.50

FILED
18 MAY 29 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY 30 2018

W18-23859



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2018

OLESEA PSENICINAIA PSENICINAIA
1601 NW 108 AVE APT 120
PLANTATION, FL 33322

SUBJECT: HORUS LASHES CORP
Ref. Number: W18000023859

RECEIVED
2018 MAY 10 PM 4:55
DIVISION OF CORPORATIONS
REGULATORY SPECIAL
SERVICES

We have received your document for HORUS LASHES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed forms and submit the correct payment amount if you are converting to a Florida corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 218A00004977

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: CONVERSION OF LLC TO CORP
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:

OLESEA PSENICTINATA PSENICTINATA
Contact Person

HORUS LASHES LLC
Firm/Company

1601 NW 108 AVE APT 120
Address

Plantation, FL 33322
City, State and Zip Code

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

For further information concerning this matter, please call:

OLESEA PSENICTINATA at (954) 873-6559
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

- 35 \$ THAT I SENT
BEFORE = 87.50

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:

HORUS LASHES LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a HORUS LASHES 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 USA FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/11/2018
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:

HORUS LASHES CORP
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 03/12/2018
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signed this 12 day of March, 20 18.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: X Beniciana

Printed Name: OLESEA Title: PRESIDENT

PSENICINATA PSENICINATA

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

Signature: X Beniciana

Printed Name: OLESEA BENICINATA Title: PSENICINATA TITLE: PRESIDENT

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)

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TALLAHASSEE, FLORIDA

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: HORUS LASHES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1601 NW 108 AVE APT 120
PLANTATION, FL 33322

← Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONVERSION: HORUS LASHES LLC
TO: HORUS LASHES CORP.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

OLESEA PSENICINAI A PSENICINAI A
Name and Title: PRESIDENT

Address: 1601 NW 108 AVE APT 120
PLANTATION, FL 33322

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY 29 AM 8: 24

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

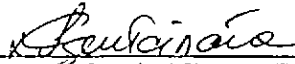
Name: OLESEA PSENICINAI A PSENICINAI A
Address: 1601 NW 108 AVE APT 120
PLANTATION, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OLESEA PSENICINAI A PSENICINAI A
Address: 1601 NW 108 AVE APT 120
PLANTATION, FL 33322

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

03/12/2018
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.


Required Signature/Incorporator

03/12/2018
Date

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TALLAHASSEE, FLORIDA