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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

то:	Charter Section Division of Cor	porations				
SHRJ	JECT: Hairtech 2 U	Inc				
5050		Name of	Resulting Flor	ida Profit	Corporation	•
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to conve 15, F.S.	ert an "Other Business
Please	e return all corresp	ondence concerning this	matter to:			
Lisa J	lavinsky					
		Contact Person				
Hairte	ech 2 U Inc					
		Firm/Company				
10130	Orchid Drive					پیسید بر این
		Address				18 HAY 22 PH 6: 03
Port F	Richey Fl 34668					22
		City, State and Zip Code	2			是是
hairte	ch2u@gmail.com					6: 0
	E-mail address: (to	o be used for future annu	ial report notif	fication)		, ω
For fu	urther information	concerning this matter,	please call:			
Lisa J	Javinsky		954 at ()	99-5997	_
	Name of Co	ontact Person	Are	a Code and	l Daytime Telephone Nun	nber
Enclo	osed is a check for	the following amount:				
□ \$1	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 F and Certified		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifts	EET ADDRESS: Filings Section Sion of Corporation on Building Executive Center			New F Division P. O. F	ilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

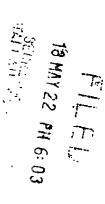
Certificate of Conversion For "Other Business Entity" Into

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" imm	nediately prior to the filing of this Certificate of Conversion is:
Hairtech 2 U LLC	(1700 251879
Enter	Name of Other Business Entity
2. The "Other Business Entity" is a Hairtech 2 U	
(Enter entity type. Exam	ple: limited liability company, limited partnership, amon law or business trust, etc.)
first organized, formed or incorporated under the (Enter state, or if	a non-U.S. entity. the name of the country)
on 12/8/17	
Enter date "Other Business	s Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entionganized, formed or incorporated:	ity" was changed, the state or country under the laws of which it is now
Hairtech 2 U Inc	
4. The name of the Florida Profit Corporation as	s set forth in the attached Articles of Incorporation:
Hairtech 2 U Inc	
Enter N	ame of Florida Profit Corporation
Department of State.)	meet the applicable statutory filing requirements, this date will not be

Page 1 of 2



Signed this 14 day of May	
Required Signature for Florida Profit Corporation:	
	eer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Printed Name: Joseph Javinsky	Title:
Printed Name: Joseph Javinsky Signature:	
Printed Name: Lisa javinsky	Title: Owner
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.

FILED
18 MAY 22 PH 6: 03

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

The name of the corporation shall be: Hairtech 2 U Inc		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address Hairtech 2 U	Mailing address, if different is:	
10130 ORCHID DR	·	
PORT RICHEY FL 34668		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
To provide personal salon services to clients for Levil		
		
	tar en	<u></u>
		- 86
		¥ 22
ARTICLE IV SHARES The number of shares of stock is:		. 10 :9
ARTICLE V INITIAL OFFICERS AND/OR DIF	RECTORS	
Name and Title: Lisa Javinsky	Name and Title:	
Address:	Address: 10130 Orchid Drive	
Port Richey Fl 34668	Port Richey Fl 34668	
Name and Title:		
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

The name	and Florida street address (P.O. Box No	OT acceptable) of the registered agent is:
Name:	Lisa Javinsky	
Address:	10130 Orchid Drive	_
	Port Richey Fl 34668	_
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	Lisa Javinsky	
Address:	10130 Orchid Drive	
	Port Richey 34668	
******	*********	*****
l faving be his certifi	een named as registered agent to accept s icate, I am familjar with and accept the ap	ervice of provesy for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	liser fr	
J	Required Signature/Registered Agent	/ Date !
submit t document	his document and affirm that the facts st to the Department of State constitutes a t	ated herein are true. I am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.
	fisal	5/14/14
	Required Signature/Incorporator	Datel

TO MAY 22 PM 6: 04