## H21661000699

(F	Requestor's Name)		
	Address)	_	
	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			

Office Use Only



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18 JUL 20 AM II: OL SECRETARY OF STATE AND SEEF FLORIDA

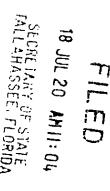
JUL 2 3 2018 T SCHROEDER

## 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:
Mandy Perry Coaching LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company
(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 Rhode Island
(Enter state, or if a non-U.S. entity, the name of the country)
on August 21, 2017
Enter date "Other Business Entity" was first organized, formed or incorporated
6. 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:
Mandy Perry 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 isted as the document's effective date on the Department of State's records.

Page 1 of 2



Signed this . 13day of	. 20 18	
Required Signature for Florida Profit Corporation	<u>1:</u>	
Signature of Chairman, Vice-Chairman, Director, Off Incorporator:  Printed Name: Mandy Perry Title: Presi	dent	been selected, an
Required Signature(s) on behalf of Other Business Signature:		
Printed Name: Mandy Perry		
Signature:		
Printed Name:	Title:	<u> </u>
Signature:		<del></del>
Printed Name:	Title:	<del></del>
Signature:		<del></del> .
Printed Name:	Title:	<del></del>
Signature:		
Printed Name:	Title:	<del></del>
Signature:		
Printed Name:	Title:	<del></del>
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		
All others: Signature of an authorized person.		18 JU SECRE
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$3.75 (Optional) \$8.75 (Optional)	FILED JUL 20 MIII: 04 CRETARY OF STATE AHASSEE, FLORID,
	Page 2 of 2	

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## 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: Mandy Per	rry Inc.		
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:		<del></del>	
Principal street address 4696 Country Manor Drive	Mailing address, is	Mailing address, if different is:	
Sarasota, FL 34233			
ARTICLE III PURPOSE  The purpose for which the corporation is organized  Consulting and Sales	is:		
Consulting and Sales			
		SE 3	
ARTICLE IV SHARES The number of shares of stock is: 1000	·····	JUL 20 A	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS	FLOW FLOW	
Name and Title: Mandy Perryl President	Name and Title:	10 P	
Address: 4696 Country Manor Drive	Address:	<del></del>	
Sarasota, FL 34233			
Name and Title:	Name and Title:		
Address:	Address:		
Name and Title:			
Address:	Address:		

	E VI REGISTERED AGENT		
The name	and Florida street address (P.O. Box	OT acceptable) of the registered agent is:	
Name:	Mandy Perry		
Address:	4696 Country Manor Drive	<del></del>	
	Sarasota, FL 34233		
ARTICL	<del>· _,</del>		
The <u>name</u>	and address of the Incorporator is:		
Name:	Mandy Perry		
Address:	4696 Country Manor Drive		
	Sarasota, FL 34233	<u>-</u>	
********** Having be	**************************************	**************************************	he place designated in
this certific	cate, I am familiar with and accept the	ppointment as registered agent and agree to act in this	capacity
	Required Signature/Registered Agent	7/12/18 Date	
		tated herein are true. I am aware that any false infor third degree felony as provided for in s.817.155, F.S.	mation submitted in a
	Required/Signature/Incorporator	<u> 7/12/12</u>	
	Required/Signature/Incorporator	Pate 7	
	,		18 SE

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18 JUL 20 MHII: 04

SECRETARY OF STATE
ALL AHASSEE, FLORIDA