P18000011575

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(6.1).
PICK-UP WAIT MAIL
(Pusinger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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FILED

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SECRETARY OF STATE FACT SHASSEE, FLORIDA

AUG 2 2 2013 T SCHROEDER

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TO:	Charter Se		.J	COVER LETTI	ER	F P	•	·	•
SUBJ	Division o	f Corporations ENJS 4	Name of Ke	SAIM esulting Florida Pro	db ofit Corpo	M - H pration	TR BA	R NY	<i>[C</i>
		ficate of Conversio rida Profit Corporat					d to convert a	in "Other E	Business
Please	e return all co	rrespondence conce	erning this n	natter to:					
P	ENY	MOLAJE Contact Po	erson						
B	ENYS	UNISE Firm/Com	y S	MOIA					

BOCA PATON, F1. 33498
City. State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEND MUAJEV at (718) 926-7120

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 □\$113.75 Filing Fees.

and Certificate of

and Certified Copy

DF\$122.50 Filing Fees Certified Copy, and Certificate of Status

Status

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"
Inte

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:
BEAUS UNISEX SAION INC., Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
on OQ / B / Dil/ 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 <u>attached Articles of Incorporation:</u> 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 statistically filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
asted as the document seriective date on the Department of State 5 (veoles).

Page 1 of 2

18 AUG 21 MND: 12
SECRULARY OF STATE
AND ASSEET FLOORS

Signed this 21 day of JUNE	2018
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	
Signature: Send MOI PUE	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
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	

All others:
Signature of an authorized person.

Fees:

Certificate of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy: Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

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

The name of the corporation shall be: PENYS U	nisex salon,	1h.C.,	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	·		
Principal street address	Mailing	g address, if different is:	
TO FRY OF COMMERCE D STE. 100 BOXA PATON F ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
HAIR CARE PRODUCTS			
			
ARTICLE IV SHARES The number of shares of stock is: 100		SECRE TALLAR	18 AUG 21
Name and Title: AND MOIALEY - A	CTORS PRES . Name and Title:	ASSEE. FI	21 AH
Address: 19085 STREAMSELE C BUCA PATON, F1. 3349	Address:	ORIDA	- <u>@</u> -
Name and Title:			
Address:	A.d.1		
Name and Title:	Name and Title:		
Address:	Address:		

TI D

ARTICLE VI., REGISTERED AGENT .	
The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:
Name: BENY MOLAYEN	
Address: 19085 STREAMSIDE CT	_
But RATON, F1. 35498	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: BENY MOLAYEN	
Address: 19085 STREAMSING CT	_
BOOK PATON, F1 5349	il Control of the Con
******************	********
Having been named as registered agent to accept service of this certificate, I am jamiliar with and accept the appointme	f process for the above stated corporation at the place designated in ent as registered agent and agree, to use in this capacity
heid.	4/21/18
Required Signature/Registered Agent	Dake
I submit this document and affirm that the facts stated her document to the Department of State constitutes a third deg	vein are true. I am oware that any fulse information submitted in a cree felony as provided for in s.817,155, F.S.
Low.	6/2/10
Required Signature/Incorporator	Date

TO AUG 21 AM ID: 13
SECRETARY OF SIAIE
TALLAHASSEE, FLORINA