

P18000073790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

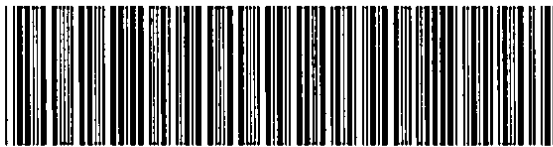
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Elizabeth Atlan, PA

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:

Liz Atlan

Contact Person

Firm/Company

245 Michigan Avenue, Unit G1.8

Address

Miami Beach, FL 33139

City, State and Zip Code

lizinyc@yahoo.com

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

For further information concerning this matter, please call:

Liz Atlan at (646) 262-3582

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

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:
Elements Miami, LLC - Doc Number L18000174315

Enter Name of Other Business Entity

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

on 7/19/18
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:
NA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:
Elizabeth Atlan, PA

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 listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA
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Signed this 22 day of August, 2018.

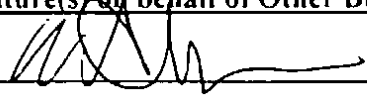
Required Signature for Florida Profit Corporation:

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

Incorporator: Elizabeth Atlan

Printed Name: Elizabeth Atlan Title: President

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

Signature: 

Printed Name: Elizabeth Atlan, PA 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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 MAIL ASSISTANT, 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: Elizabeth Atlan, PA

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address	Mailing address, if different is:
<u>245 Michigan Avenue, Unit GL8</u>	<u></u>
<u>Miami Beach, FL 33139</u>	<u></u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
attor

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Elizabeth Atlan, President</u>	Name and Title: <u></u>
Address: <u>245 Michigan Avenue, Unit GL8</u>	Address: <u></u>
<u>Miami Beach, FL 33139</u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>

TICLE VI REGISTERED AGENT

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

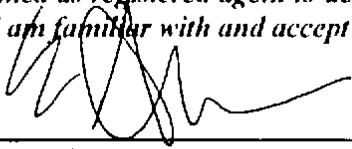
ne: Elizabeth Atlan
ress: 245 Michigan Avenue Unit GL8
Miami Beach, FL 33139

TICLE VII INCORPORATOR

name and address of the Incorporator is:

ne: Elizabeth Atlan
ress: 245 Michigan Avenue Unit GL8
Miami Beach, FL 33139

ing been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

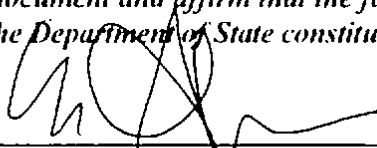


Required Signature/Registered Agent

8/22/18

Date

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,

8/22/18

Date

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TALLAHASSEE, FLORIDA