

PI800007S148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

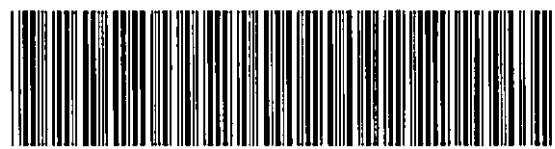
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OFFICE OF STATE
FALL AND ASSOCIATED ORIDA

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: BLOCKHEAD BATH, INC.

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:

Jomark Reyes

Contact Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State and Zip Code

page.cindy@yahoo.com

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

For further information concerning this matter, please call:

Jomark Reyes

at (877) 330-2677

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:
BLOCKHEAD BATH, INC.

Enter Name of Other Business Entity

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

on 04/04/2002
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**:
BLOCKHEAD BATH, 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 listed as the document's effective date on the Department of State's records.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Signed this 28th 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: Cindy Page

Printed Name: CINDY PAGE Title: President

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

Signature: Cindy Page

Printed Name: CINDY PAGE 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

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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: BLOCKHEAD BATH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

2430 VANDERBILT BEACH RD, SUITE 108 582

NAPLES, FL 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares at \$1 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CINDY PAGE - President

Address: 2430 VANDERBILT BEACH RD
SUITE 108 582, NAPLES, FL 34109

Name and Title: CINDY PAGE - Secretary

Address: 2430 VANDERBILT BEACH RD
SUITE 108 582, NAPLES, FL 34109

Name and Title: _____

Address: _____

Name and Title: CINDY PAGE - Vice President

Address: 2430 VANDERBILT BEACH RD
SUITE 108 582, NAPLES, FL 34109

Name and Title: CINDY PAGE - Treasurer

Address: 2430 VANDERBILT BEACH RD
SUITE 108 582, NAPLES, FL 34109

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: CINDY PAGE
Address: 2430 VANDERBILT BEACH RD
SUITE 108 582, NAPLES, FL 34109

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CINDY PAGE
Address: 2430 VANDERBILT BEACH RD
SUITE 108 582, NAPLES, FL 34109

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

Cindy Page

08/28/2018

Required Signature/Registered Agent

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.

Cindy Page

08/28/2018

Required Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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