P18000084961

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Kaves GAVE
CONTROL APT IV 4 II
DOC. EXAM

Office Use Only

561-955-1950



900319375029

10/17/18--01018--020 **122.50

FILED
2018 OCT 17 MH11: 36
SECRETARY OF STATE
TALLAHASSEE, FI OPIL

N CULLIGAN 0CT 1 8 2018



2000 Glades Road, Suite 312, Boca Raton, Florida, 33431 - P: (561)955-1950 -F: (561)955-1956 - Idaniels@danielslawgroup.com www.danielslawgroup.com

October 10, 2018

New Filings Section Division of Corporations PO Box 6347 Tallahassee, FL 32314

RE: Conversion of Virginia Company to Florida Company Advanced Beauty, Inc.

Dear sir or madam:

Enclosed please find the Application for Certificate of Conversion for the Business Entity: Advanced Beauty. Inc. Also enclosed please find a check payable to the Florida Department of State in the amount of \$122.50.

Thanking you in advance for your courtesies in this matter.

Lica I. Daniele

enels. ce: Client

Since

COVER LETTER

• • •

TO: Charter Section

Division of Cor	porations				
SUBJECT: ADVANC	ED BEAUTIY INC.				
SUBJECT	Name of	Resulting Florida	Profit	Corporation	
	e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Bus 15, F.S.	iness
Please return all corresp	ondence concerning this	s matter to:			
LISA L. DANIELS, ESC	1				
	Contact Person				
DANIELS LAW GROUP	.				
	Firm/Company				
2000 GLADES ROAD -	Suite 312				
	Address				
BOCA RATON, FL 334	31				
	City, State and Zip Code	e			
ldaniels@danielslawgro	oup.com				
E-mail address: (t	o be used for future anni	ual report notificat	tion)		
For further information	concerning this matter,	please call:			
LISA L. DANIELS		561 _at (955-1	950	
Name of Co	ontact Person	Area Co	de 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 and Certified Co	-	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301			New F Divisio P. O. E	ilings Section on of Corporations Box 6327 assee, FL 32314	

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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	on is:	
ADVANCED BEAUTY, INC.		
Enter Name of Other Business Entity	2011	
S CORPORATION 2. The "Other Business Entity" is a	8 OC 7	7
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	2018 OCT 17	LE
first organized, formed or incorporated under the laws of	7 AH 11: 36	
(Enter state, or if a non-U.S. entity, the name of the country)		
5/12/17 on	<u> </u>	
Enter date "Other Business Entity" was first organized, formed or incorporated		
 If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of w organized, formed or incorporated: FLORIDA 	nich it is	now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :		
ADVANCED BEAUTY, 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	y the Fl	orida
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date		· In .
listed as the document's effective date on the Department of State's records.	: wiii not	oc

Signed this	2M_day of OCTOBER	, 20 <mark></mark> .	
Required Sign	ature for Florida Profit Corporation:		
Incorporator:	nairman, Vice Chairman, Director, Office	er, or, if Directors or Officers have not been	selected, an
Required Sign	ature(s) on behalf of Other Business E	ntity: [See below for required signature(s).	.]
Signature:			
Printed Name:	POLINA ANTSFELD	Title:	
Signature:	177		
	ZELLIDA NIKOLE)	Title: DIRECTOR	
Signature:	N. A.		
		_ Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:_		Title:	
	neral Partnership or Limited Liability ne General Partner.	Partnership:	
	nited Partnership or Limited Liability	Limited Partnership:	
_	ALL General Partners.		
	ited Liability Company: Member or Authorized Representative.		
All others: Signature of an	authorized person.		
Fees fo Certific	cate of Conversion: or Florida Articles of Incorporation: ed Copy: cate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

	the corporation shall be:		
The principal	II PRINCIPAL OFFICE 1 place of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
			
821	NW 37th St.		
Dakl	NW 37 th St. and Park, F1. 33309		
ARTICLE .			
	e for which the corporation is organized is:		
TO CONDU	CT ANY AND ALL LAWFUL BUSINESS		
		~	
	-	30 21 8	
			11
		ASS -	-
		mo 🗷	П
		E ST	
		- 	
		- 	-
ARTICLE	IV SHARES	- 	-
ARTICLE .		- 	-
The number	IV SHARES	3	
The number ARTICLE	IV SHARES of shares of stock is: 100 V INITIAL OFFICERS AND/OR DI POLINA ANTSEELD DIRECTOR	RECTORS	
The number ARTICLE Name and T	IV SHARES of shares of stock is: 100 V INITIAL OFFICERS AND/OR DI POLINA ANTSEELD DIRECTOR	RECTORS Name and Title:	-
The number ARTICLE	IV SHARES of shares of stock is: 100 V INITIAL OFFICERS AND/OR DI TITLE: POLINA ANTSFELD, DIRECTOR	RECTORS Name and Title: Address:	_
The number ARTICLE Name and T Address:	IV SHARES of shares of stock is: IDO V INITIAL OFFICERS AND/OR Di itle: POLINA ANTSFELD, DIRECTOR 869 Lynnhaven Pkwy #113-119 Virginia Beach, VA 23452 YEHUDA NURIEL	RECTORS Name and Title: Address:	_
The number ARTICLE Name and T	IV SHARES of shares of stock is: 100 V INITIAL OFFICERS AND/OR DI Title: POLINA ANTSFELD, DIRECTOR 869 Lynnhaven Pkwy #113-119 Virginia Beach, VA 23452 Title: YEHUDA NURIEL	TRECTORS Name and Title: Address:	_
The number ARTICLE Name and T Address:	IV SHARES of shares of stock is: IOO V INITIAL OFFICERS AND/OR DI Title: POLINA ANTSFELD, DIRECTOR 869 Lynnhaven Pkwy #113-119 Virginia Beach, VA 23452 Title: YEHUDA NURIEL 869 Lynnhaven Pkwy #113-119	RECTORS Name and Title: Address:	-
The number ARTICLE Name and T Address: Name and T	IV SHARES of shares of stock is: 100 V INITIAL OFFICERS AND/OR DI Title: POLINA ANTSFELD, DIRECTOR 869 Lynnhaven Pkwy #113-119 Virginia Beach, VA 23452 Title: YEHUDA NURIEL	RECTORS Name and Title: Address: Name and Title:	-
The number ARTICLE Name and T Address: Name and T Address:	IV SHARES of shares of stock is: IOO V INITIAL OFFICERS AND/OR DI Title: POLINA ANTSFELD, DIRECTOR 869 Lynnhaven Pkwy #113-119 Virginia Beach, VA 23452 Title: YEHUDA NURIEL 869 Lynnhaven Pkwy #113-119	RECTORS Name and Title: Address: Name and Title: Address:	-

he <u>name</u>	e and Florida street address (P.O. Box NOT ac	ceptable) of the reg	istered agent is:		
ame:	DANIELS LAW GROUP				
ddress:	2000 GLADES ROAD - SUITE 312				
	BOCA RATON, FL 33431				
RTICL					
he <u>name</u>	e and address of the Incorporator is:				
ame:	DANIELS LAW GROUP				
ddress:	2000 GLADES ROAD - SUITE 312				
	BOCA RATON, FL 33431				
	**************************************				gnated in
submit i	Required Signature/Registered Agent	nent as registered	agent and agree to act in 10-9-18 Date m aware that any false in	this capacity - nformation subm	•
submit i	Required Signature/Registered Agent	nent as registered	agent and agree to act in 10-9-18 Date m aware that any false in wided for in s.817.155, F.	this capacity nformation subm	•
submit i	Required Signature/Registered Agent	nent as registered	agent and agree to act in 10-9-18 Date m aware that any false in	this capacity nformation subm .S.	•
submit i	Required Signature/Registered Agent this document and affirm that the facts stated he to the Department of State constitutes a third de	nent as registered	agent and agree to act in 10-9-18 Date m aware that any false in wided for in s.817.155, F.	this capacity nformation subm	nitted in a