

P180000 92812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

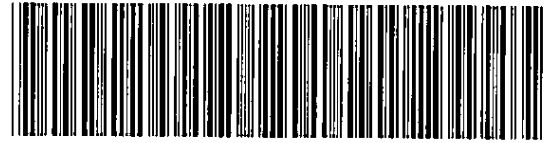
Certified Copies _____ Certificates of Status _____

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10/25/18--01021--009 **105.00

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

W18-95025



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2018

MARIA S LYNCH
21 OLD KINGS RD N STE 109B
PALM COAST, FL 32137

SUBJECT: PALM COAST WELLNESS INSTITUTE INC
Ref. Number: W18000095025

We have received your document for PALM COAST WELLNESS INSTITUTE INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete date in which the converting entity was first formed. The converting entity must be active on our records in order for our department to process your request.

Please return your document, along with a copy of this letter, within 60 days. Your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist III

Letter Number: 718A00022262

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Serenity Spa and Wellness Center LLC.
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:

MARIA S. LYNCH
Contact Person

Serenity Spa and Wellness Center LLC.
Firm/Company

21 OLD Kings Road North
Address

109 B palm Coast FL 32137
City, State and Zip Code

Lynchmaria3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria S. Lynch at (386) 931-0679
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

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TALLAHASSEE, FLORIDA

214000174498

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:

Serenity Spa and Wellness Center LLC
Enter Name of Other Business Entity

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

on 11/10/14
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:

FL

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

PALM COAST WELLNESS INSTITUTE INC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 11/10/2014
(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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Signed this 10 day of 20, 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: MARIA S. LYNCH

Printed Name: MARIA S. LYNCH Title: P

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

Signature: [Signature]

Printed Name: MARIA S. LYNCH Title: P

Signature: [Signature]

Printed Name: MARIA S. LYNCH Title: P

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

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: PALM COAST WELLNESS INSTITUTE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
21 OLD KING ROAD N
Suite 109 B Palm Coast
FL 32137

Mailing address, if different is:
19 FLAMINGO CT
Palm Coast FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

@ TRAINING CENTER FOR THE PURPOSE OF:
@ MASSAGE SPECIALTIES
@ CEU'S CONTINUE EDUCATION
@ SKIN CARE SERVICES / SPECIALTIES.
@ FIRST AID / CPR
@ FINGER PRINT (SERVICES)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA S. LYNCH

Address: 21 OLD KING ROAD
Suite 109 B Palm Coast
FL 32137

Name and Title: P

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

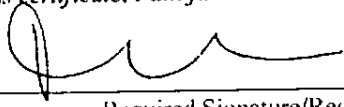
Name: MARIA S. LYNCH
Address: 19 Flamingo CT.
Palm Coast FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA S. Lynch
Address: 19 Flamingo CT
Palm Coast FL 32137

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

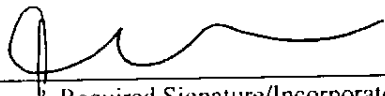


Required Signature/Registered Agent

10/20/2018

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.



Required Signature/Incorporator

10/20/2018

Date

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