# P1800173

(Red	questor's Name)	<del></del>
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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### SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_12/11/2018				**WALK IN**
ENTITY NAME	POYA HOLDINGS, INC	<b>&gt;</b>		WALK IN
DOCUMENT NUMBE	R			
	**PLEASE FILE THE ATT	ACHED AND RETURN*	*	
	Plain Copy			
XXXX	Certified Copy			
	Certificate of Status		÷ Ā	∧ <b>ਛ</b> ੇ .
	**PLEASE OBTAIN THE FOLLOW	ING FOR THE ABOVE EI	VT/174** S.S.	TILLI
	Certified Copy of Arts & Amo	endments		
	Certificate of Good Standing			<b>8</b>
	**APOSTILLE' / NOTAK	PIAL CERTIFICATION	**	
COUNTRY OF DESTI	NATION			
NUMBER OF CERTIF	CATES REQUESTED		···	<del></del>
TOTAL OWED\$1	13.75	СНЕСК #_5531		_
Please call Tina a	t the above number for any is	sues or concerns. 7	hank you so	much!

#### **COVER LETTER**

TO: Charter Section Division of Corporations			
SUBJECT: POYA HOLDINGS INC.	of Resulting Florida	Profit Corporation	<u> </u>
	_		
The enclosed Certificate of Conversion, Artic Entity" into a "Florida Profit Corporation" in	les of Incorporation accordance with s.	n, and fees are submitted to co 607.1115, F.S.	onvert an "Other Business
Please return all correspondence concerning t	his matter to:		
Kate Hepburn		_	
Contact Person			
Stafford, Owens, Piller, Murnane, Kelleher & Tre	mbley, PLLC		
Firm/Company		<b></b>	
One Cumberland Avenue			
Address		-	
Plattsburgh, New York 12901	•		
City, State and Zip Co	ode		
akorcsuk@newdirectionsaromatics.com			
E-mail address: (to be used for future ar	nual report notifica	ation)	
For further information concerning this matte	r, please call:		
Kate Hepburn	518 at (	561-4400	
Name of Contact Person		ode and Daytime Telephone	Vumber
Enclosed is a check for the following amount	:		
□ \$105.00 Filing Fees □\$113.75 Filing Fee and Certificate of Status	s <b>©\$113.75</b> Filin and Certified C	g Fees S122.50 Filing Fee opy Certified Copy, and Certificate of Status	18 SE
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314	FILE ORCII AN CRETARY OF LAHLASSEE. F

Tallahassee, FL 32301

# 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 Conver-	rsion is:
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	
(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)	
MARCH 14, 2013	
Enter date "Other Business Entity" was first organized, formed or incorporated	
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of organized, formed or incorporated:</li> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>:         POYA HOLDINGS INC.     </li> </ol>	
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 Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d listed as the document's effective date on the Department of State's records.	
Page 1 of 2	1.06 1.06 1.06

Signed thisday ofDECEMBER	, 20	
Required Signature for Florida Profit Corporation	<u>:</u>	
Signature of Chairman, Vice Chairman, Director, Officerporator: Printed Name: WILLIAM E. OWENS, ESQ. Title: INCOL	cer, or, if Directors or Officers have not bee	n selected, ап
Required Signature(s) on behalf of Other Business		
Signature:		
Printed Name: ALEX B. THOMAS	Title: MGRM	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		<b>7.</b> :-
Printed Name:	Title:	<b>18</b> SE TAL
Signature:		FAR B T
Printed Name:	Title:	INSSE IMICY
If Florida General Partnership or Limited Liability Signature of one General Partner.	Purtnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	STATE OF
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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Page 2 of 2

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

ARTICLE I NAME  The name of the composition shall be: POYA HOLDINGS II	NC.	
The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE  The principal place of husiness/mailing address is:		
• • •		
Principal street address 200 LESLIE DRIVE	Mailing address, if different is: 6781 COLUMBUS ROAD	
HALLANDALE BEACH, FLORIDA 33009	MISSISSAUGA, ONTARIO, CANADA L5T 2G9	•
		-
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		
To engage in any lawful act or activity for which a corporation	n may be organized pursuant to the Business Corporation Law of	
the State of Florida.		
	**-	
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ARTICLE IV SHARES 200	54. 54.	=
200	원선 	90
ARTICLE V INITIAL OFFICERS AND/OR DIR	NECTORS	
Name and Title: ALEX THOMAS, DIRECTOR	TANYA THOMAS, DIRECTOR Name and Title:	
Address:	6781 COLUMBUS ROAD Address:	
MISSISSAUGA, ONTARIO L5T 2G9	MISSISSAUGA, ONTARIO L5T 2G9	_
Name and Title:	Name and Title:	
Address:	Address:	-
Name and Title:	Name and Title:	
Address:	Address:	-

The name	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	UNITED CORPORATE SERVICES, INC.		
Address:	9200 SOUTH DADELAND BLVD.		
	MIAMI, FLORIDA 33156		
ARTICL.	E VII INCORPORATOR and address of the Incorporator is:		
Name:	WILLIAM L. OWENS, ESQ.		
Address:	ONE CUMBERLAND AVENUE		
	PLATTSBURGH, NEW YORK 12901		
****		*******	
	**************************************		
	cate, I um familiar with and accept the appointment ULA Ban. Presides A		
	cate, I am familiar with and accept the appointment		capacity  As
this certifi  ///c  I submit the	cate, I um familiar with and accept the appointment ULA Ban. Presides A	as registered agent and agree to act in this of the second	capacity  IAS
this certifi  ///c  I submit the	cate, I am familiar with and accept the appointment  LLABAN. Presides A  Required Signature/Registered Agent  is document and affirm that the facts stated herein to the Department of State constitutes a third degree	as registered agent and agree to act in this of the second	capacity  IAS
this certifi  ///c  I submit the	cate, I am familiar with and accept the appointment  LLABan Presides A  Required Signature/Registered Agent  als document and affirm that the facts stated herein	as registered agent and agree to act in this of the second	capacity  IAS =