

P 1900000 1172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

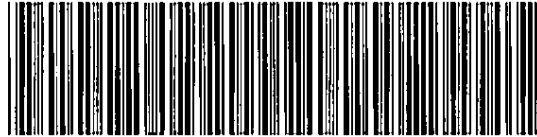
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W18-108687

SECRETARY OF STATE
FALL ARKANSAS

18 DEC 28 PM 2:39

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2018

MICHAEL SAMIENTO
901 N DIXIE HWY
WEST PALM BEACH, FL 33401

SUBJECT: LIVING LEGACY TATTOOS, INC
Ref. Number: W18000108687

We have received your document for LIVING LEGACY TATTOOS, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or 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: 118A00025959

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Living Legacy Tattoos, 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:

Michael Samiento - Owner

Contact Person

Living Legacy Tattoos, LLC

Firm/Company

901 North Dixie Hwy

Address

West Palm Beach, FL 33401

City, State and Zip Code

livinglegacytattoos@gmail.com

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

For further information concerning this matter, please call:

Michael Sarmiento - Owner at (561) 671-4650

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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18 DEC 28 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FL 32314

L18000207980

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:

Living Legacy Tattoos, LLC

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 State of Florida - US
(Enter state, or if a non-U.S. entity, the name of the country)

on 05-18-2015
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:

State of Florida - US

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

Living Legacy Tattoos, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12-24-2018

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 24th day of December, 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: Michael Sarmiento

Printed Name: Michael Sarmiento Title: Owner

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

Signature: Michael Sarmiento

Printed Name: Michael Sarmiento Title: Owner

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

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: Living Legacy Tattoos, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

901 North Dixie Hwy

N/A

West Palm Beach, Florida 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100 shares common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Sarmiento

Name and Title: n/a

Address: 1420 South M. Street

Address:

Lake Worth, Florida 33460

Name and Title: n/a

Name and Title: n/a

Address:

Address:

Name and Title: n/a

Name and Title: n/a

Address:

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: Michael Sarmiento
Address: 1420 South M. Street
Lake Worth, Florida 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Michael Sarmiento
Address: 1420 South M. Street
Lake Worth, Florida 33460

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

12-24-2018
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

12-24-2018
Date

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TALLAHASSEE FLORIDA