

P19000019321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

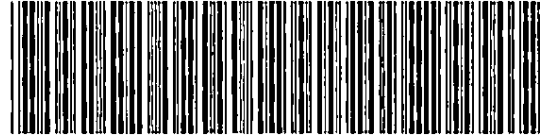
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 FEB 28 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 08 2019

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: 5HIVE HEART BEATS 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:

ASHLEY SMITH

Contact Person

5HIVE HEART BEATS LLC

Firm/Company

2504 E. LAKE AVE APT A

Address

TAMPA, FLORIDA 33610

City, State and Zip Code

ASHLEYS2002@GMAIL.COM

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

For further information concerning this matter, please call:

ASHLEY SMITH

at (813) 531-3444

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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:

5IVE HEART BEATS LLC #L19-25086

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

on 01/23/2019

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:

FLORIDA

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

5IVE HEART BEATS INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/23/2019

(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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2019 FEB 28 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 15 day of FEBRUARY, 2019.

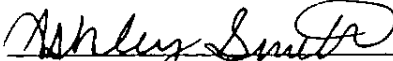
Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: DARRELL SMITH

Printed Name: DARRELL SMITH Title: ACCOUNTANT

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

Signature: 

Printed Name: ASHLEY SMITH Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

Others:

Signature of an authorized person.

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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: SIVE HEART BEATS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

2504 E. LAKE AVE APT A

TAMPA, FLORIDA 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL BUSINESS PURPOSES

ICLE IV SHARES

umber of shares of stock is: 10000

CLE V INITIAL OFFICERS AND/OR DIRECTORS

nd Title: ASHLEY SMITH, PRES

Name and Title: _____

s: 3406 N 18TH ST

Address: _____

TAMPA, FLORIDA 33605

d Title: _____

Name and Title: _____

Address: _____

Title: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ASHLEY SMITH
Address: 2504 E. LAKE AVE APT A
TAMPA, FLORIDA 33610

ARTICLE VII INCORPORATOR

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


Name: DARRELL SMITH
Address: 1228 E. 7TH AVE. STE. 205
TAMPA, FLORIDA 33605

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

2/15/2019
Date

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

2/15/2019
Date