

PA000032017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

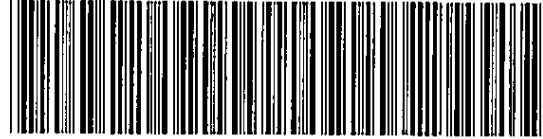
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

APR 17 2019



500325585255

03/07/19--01023--003 \*\*105.00

19 APR 16 AM 8:18  
2019 APR 16 10:00 AM  
2019 APR 16 10:00 AM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2019

ROBERT BRYSON  
2909 JAMES L REDMAN PKWY, STE 110  
PLANT CITY, FL 33556

SUBJECT: SASSI NAILS & SPA LLC  
Ref. Number: W19000025265

We have received your document for SASSI NAILS & SPA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 719A00006368

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: SASSI NA: IS & SPA 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:

ROBERT BR YSON  
Contact Person

President  
Firm/Company

2909 JAMES L. Redman PKwy. STE 110  
Address

PLANT City, FL 33566  
City, State and Zip Code

RBAYSON10@TAMPABAY.FL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BR YSON at ( 321 ) 243-7075  
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees.  
and Certificate of and Certified Copy Certified Copy, and  
Status 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:

SASSI NAILS & SPA LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC-51225  
(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 4-1-13  
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:

N/A

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

SASSI NAILS & SPA CORP.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1-1-19  
(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.

Signed this 3 day of MARCH, 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: Robert Bryson

Printed Name: ROBERT BRYSON Title: PRESIDENT

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

Signature: Robert Bryson

Printed Name: ROBERT BRYSON Title: PRESIDENT

Signature: Robert Bryson

Printed Name: ROBERT BRYSON Title: TREASURER

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)

FILED  
19 APR 16 AM 8:19  
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: SASS NAILS & SPA CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
2909 James L. Keenan Pkwy STE 110  
PLANT CITY, FL 33566

Mailing address, if different is:  
2805 Holly Bluff CT  
PLANT CITY, FL 33566

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Our Corporation is organized to primarily provide  
NAILS, Waxing, and other BEAUTIFICATION services to the local  
Community.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROBERT BRYSON / President Name and Title: \_\_\_\_\_

Address: 2805 Holly Bluff CT Address: \_\_\_\_\_  
PLANT CITY, FL 33566

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

19 APR 16 AM 8:19

**ARTICLE VI REGISTERED AGENT**

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

Name: ROBERT BRYSON

Address: 2005 Holly Bluff Ct  
PLANT CITY, FL 33566

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT BRYSON

Address: 2909 James L. Redman Pkwy STE. 110  
PLANT CITY, FL 33566

\*\*\*\*\*  
*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*

[Signature]  
Required Signature/Registered Agent

3-3-19  
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.*

[Signature]  
Required Signature/Incorporator

3-3-19  
Date

19 APR 16 AM 8:19