

P19000038711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

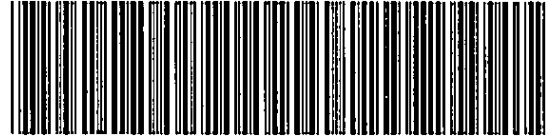
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong Form

Office Use Only



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04/09/19 01009 007 33.75

04/09/19--01009--007 **33.75

05/03/19--01009--004 **33.75

RECEIVED

APR 08 2019

211, ... 3, 8 43

J. FASON

MAY 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

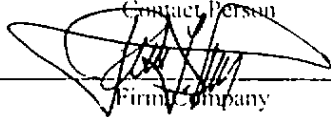
SUBJECT: US. COSMETIC CENTER, LLC
Name of Florida Partnership

The enclosed Certificate of Conversion and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSE I LEON

Contact Person



Firm/Company

8257 SW 107th Ave, APT A

Address

Miami, FL 33173

City, State and Zip Code

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

For further information concerning this matter, please call:

JOSE I LEON

Name of Contact Person

at (786) 301-1326

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$33.75 Filing Fee
and Certificate of
Status

☐ \$77.50 Filing Fee
and Certified Copy

☐ \$86.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2019

JOSE I LEON
8257 SW 107TH AVE APT A
MIAMI, FL 33173

SUBJECT: US. COSMETIC CENTER, LLC
Ref. Number: W19000037845

We have received your document for US. COSMETIC CENTER, LLC and your check(s) totaling \$33.75. However, the document has not been filed and is being retained in this office for the following:

The incorrect form was submitted to our office.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 519A00007761

COVER LETTER

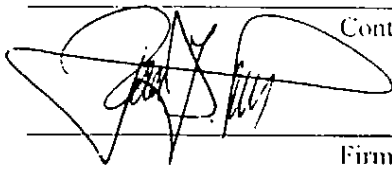
TO: Charter Section
Division of Corporations

SUBJECT: US COSMETIC CENTER 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:

JOSE I LEON

_____
Contact Person

Firm/Company

8257 SW 107TH AVE. APT A

Address

MIAMI, FLORIDA 33173

City, State and Zip Code

joseleon0674@gmail.com

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

For further information concerning this matter, please call:

JOSE I LEON at (786) 301 - 1326
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input 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:

US COSMETIC CENTER, LLC

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)

on MARCH 15, 2018
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**:

US COSMETIC CENTER, INC

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 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.

FILED
2019 MAY -3 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FL

Signed this 25 day of APRIL, 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: 

Printed Name: JOSE I LEON Title: PRESIDENT

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

Signature: 

Printed Name: JOSE I LEON Title: PRESIDENT

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)

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

ARTICLE I NAME

US COSMETIC CENTER, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

8257 SW 107TH AVE APT A

MIAMI, FLORIDA 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SKIN CARE, LASER AND ELECTROLYSIS, AESTHETIC MEDICINE, MANUFACTURE AND MARKETING OF
COSMETIC PRODUCTS.

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

JOSE I LEON - PRESIDENT
Name and Title: _____

ANA RIVAS - VICEPRESIDENT
Name and Title: _____

8257 SW 107TH AVE, APT A
Address: _____
MIAMI, FLORIDA 33173

8257 SW 107TH AVE, APT A
Address: _____
MIAMI, FLORIDA 33173

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

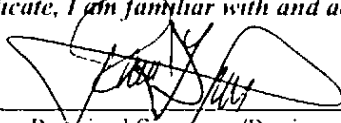
Name: JOSE I LEON
Address: 8257 SW 107TH AVE, APT A
MIAMI, FLORIDA 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE I LEON
Address: 8257 SW 107TH AVE, APT A
MIAMI, FLORIDA 33173

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

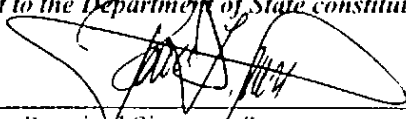


Required Signature/Registered Agent

04/25/2019

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

04/25/2019

Date