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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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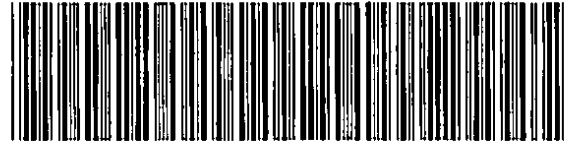
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 24 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ARTHE BEAUTY CLINIC & ACADEMY 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:

MOSES NAE

Contact Person

TAXLEAF.COM

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI FL 33161

City, State and Zip Code

INCORPORATIONS@TAXLEAF.COM

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

For further information concerning this matter, please call:

MOSES NAE

at (305) 5413980

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

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:

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

on FEBRUARY 8TH, 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:

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

ARTHE BEAUTY CLINIC & ACADEMY INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

19 MAY 15 PM 2:07
FBI - TAMPA

Signed this 28TH 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: [Signature]

Printed Name: MARCO ANTONIO FELIO Title: PRESIDENT

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

Signature: [Signature]

Printed Name: MARCO ANTONIO FELIO Title: PRESIDENT

Signature: [Signature]

Printed Name: MARCOS ANDREOLI CAMPI Title: VICE-PRESIDENT

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.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

19 MAY 15 PM 2:07

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: ARTHE BEAUTY CLINIC & ACADEMY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

717 E PALMETTO PARK ROAD

717 E PALMETTO PARK ROAD

BOCA RATON, FL 33432

BOCA RATON, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 500 @ \$1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO ANTONIO FELJO - PRESIDENT

Name and Title: MARCO ANDREOLI CAMPI - VICE-PRI

Address: 717 E PALMETTO PARK ROAD

Address: 717 E PALMETTO PARK ROAD

BOCA RATON, FL 33432

BOCA RATON, FL 33432

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

19 MAY 15 PM 2:07

ARTICLE VI REGISTERED AGENT

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

Name: ROMAR INTERNATIONAL LLC
Address: 14334 BISCAYNE BLVD
NORTH MIAMI, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCO ANTONIO FEIJO
Address: 717 E PALMETTO PARK ROAD
BOCA RATON, FL 33432

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:

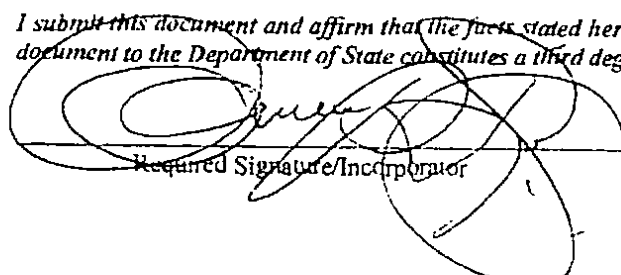


Required Signature/Registered Agent

04/14/2019

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

3/28/19

Date

19 MAY 15 PM 2:07
MAY 15 2019
MAY 15 2019