

P19 000 093 532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

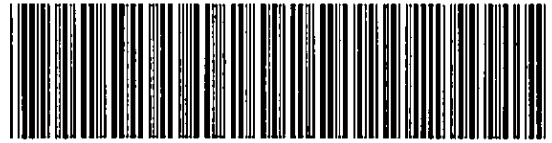
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/31/19--01007--024 **122.50

19 DEC 13 PM 7:45
of the State of Iowa

OVERFEE
DEC 15 2019

W19-102358



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2019

ANNA MARIE CHWASTIAK
FACI BELLA INC.
27650 SE HIGHWAY 42
UMATILL, FL 32784

SUBJECT: FACCI BELLA INC.
Ref. Number: W19000102358

We have received your document for FACCI BELLA INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section ' Required Signature(s) on behalf of Other Business Entity ' in the Certificate of Conversion.

✓
12/18

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 919A00023988

19 DEC 13 PM 7:45
www.sunbiz.org

COVER LETTER

TO: Charter Section
Division of Corporations

Facci Bella Inc.

SUBJECT: _____
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:

Anna Marie Chwastiak

Contact Person

Facci Bella Inc

Firm/Company

27650 SE Highway 42

Address

Umatilla, Florida 32784

City, State and Zip Code

drannamarie@yourlifetv.com

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

For further information concerning this matter, please call:

Anna Marie Chwastiak

_____ 410 _____ 241-3320
at (_____)

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:

Facci Bella Inc.

 Enter Name of Other Business Entity

2. The “Other Business Entity” is a “S” Corporation
 (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 Maryland
 (Enter state, or if a non-U.S. entity, the name of the country)

November 6, 2002

on _____
 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:

Facci Bella Inc.

 Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: December 28, 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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 DEPARTMENT OF STATE

Signed this 25 day of October, 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: Anna Marie Chwastiak Title: President/Owner

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

Signature: [Signature]
Printed Name: Anna Marie Chwastiak Title: President/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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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Facci Bella Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
27650 SE Highway 42
Umatilla, Florida 32784

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Broadcast quality video production services.

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ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anna Marie Chwastiak (President/Owner)
Address: 27650 SE Highway 42
Umatilla, FL 32784

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Anna Marie Chwastiak
Address: 27650 SE Highway 42
Umatilla, FL 32784

ARTICLE VII INCORPORATOR

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

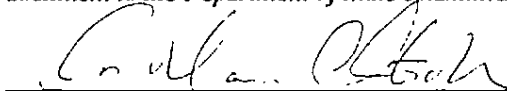
Name: Anna Marie Chwastiak
Address: 27650 SE Highway 42
Umatilla, FL 32784

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

Oct 25 2015
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

Oct 25 2015
Date

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