

P2000 000 2444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

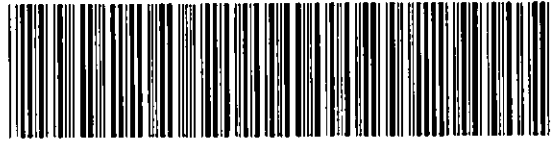
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Charter Section
Division of Corporations
Pump Vitamin Sprays

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:

Kathleen Bailey

Contact Person

Firm/Company

578 Washington Blvd, Suite 765

Address

Marina Del Rey, CA 90292

City, State and Zip Code

admin@pumpsprays.com

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

For further information concerning this matter, please call:

Kathleen Bailey 310 299-6601

at ()

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 checked="" 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:
Pump Vitamin Sprays

Enter Name of Other Business Entity
limited liability company

2. The "Other Business Entity" is a _____
(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 LI9-247194
(Enter state, or if a non-U.S. entity, the name of the country)

October 1, 2019

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:**
Pump Vitamin Sprays

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.

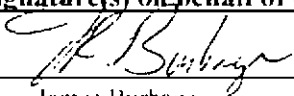
Signed this 12 November 2019 day of 20

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: Kathleen Bailey Title: Chief Medical Officer

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

Signature: 
Printed Name: James Burbage Title: Member

Printed Name: Title:

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 Pump Vitamin Sprays, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address _____ 578 Washington Blvd _____ Suite 765 _____ Marina Del Rey, California, 90292 _____	Mailing address, if different is: _____ _____ _____ _____
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Regulation CF filing for a crowdfunding platform.

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ARTICLE IV SHARES 100,000,000 (100 million) shares
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

James Burbage, Chief Operating Officer Name and Title: _____ 578 Washington Blvd, Suite 765 Address: _____ Marina del Rey, CA 90292 _____ Kathleen Bailey, Secretary Name and Title: _____ 578 Washington Blvd, Suite 765 Address: _____ Marina del Rey, CA 90292 _____ Mike Ryan, Vice President Name and Title: _____ 578 Washington Blvd, Suite 765 Address: _____ Marina del Rey, CA 90292 _____	Name and Title: _____ _____ Address: _____ _____ Name and Title: _____ _____ Address: _____ _____ Name and Title: _____ _____ Address: _____ _____
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ARTICLE VI REGISTERED AGENT

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

James Burbage

Name: _____

119 DUNMORE DRIVE

Address: _____

Jupiter, Florida, 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kathleen Bailey

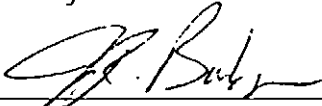
Name: _____

578 Washington Blvd, Suite 765

Address: _____

Marina Del Rey, CA 90292

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

11-18-19

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.



Required Signature/Incorporator

11/18/19

Date

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