# P20000049222

(Requ	uestor's Name)	
(Addı	ess)	
	ress)	
(City/	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ilina Officer:	
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Office Use Only

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2020

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SHANNON D KORPE 5527 RIVER OAKS DRIVE TITUSVILLE, FL 32780

SUBJECT: THE VANITY SALON 5, INC.

Ref. Number: W20000057988

We have received your document for THE VANITY SALON 5, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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: 820A00012342



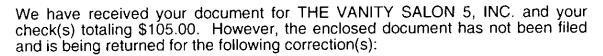
### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2020

SHANNON D KORPE 5527 RIVER OAKS DRIVE TITUSVILLE, FL 32780

SUBJECT: THE VANITY SALON 5, INC.

Ref. Number: W20000057988



The Certificate of Conversion must be signed by an authorized person.

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The registered agent must sign accepting the designation.

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: 620A00011450

#### **COVER LETTER**

TO: New Filing Section Division of Corporations SUBJECT: THE VANITY SALON 5, INC. Name of Resulting Florida Profit Corporation The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S. Please return all correspondence concerning this matter to: SHANNON D KORPE Contact Person Firm/Company 5527 RIVER OAKS DRIVE TITUSVILLE, FL 32780

City, State and Zip Code STYLIST.SHANNON@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANNON D KORPE 、362-8507 Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: □\$113.75 Filing Fees □\$122.50 Filing Fees, ■ \$105.00 Filing Fees □\$113.75 Filing Fees Certified Copy, and and Certified Copy and Certificate of Certificate of Status Status Street Address: Mailing Address: **New Filing Section** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.



Signed this 19TH day of FEBRUARY	20			
Required Signature for Florida Profit Corporation:				
Signature of Director, Officer, or, if Virectors or Officers				
Printed Name: SHANNON D KORPE Title: PRE	SIDENI			
Required Signature(s) on behalf of Converting Florid companies: [See below for required signature(s).]	a partnerships, limited partnerships, and	<u> 1 limited</u>	liabili	<u>tv</u>
Signature: SHANNON D KORPE	Title: MANAGING MEMBER			
Signature:				
Printed Name:				
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:				
Signature:				
Printed Name:				
Signature:				
Printed Name:	_ Title:			
If Florida General Partnership or Limited Liability P Signature of one General Partner.	artnership:		<b>2020</b> JUL	( <del>11 11</del> )
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	<u> imited Partnership:</u>	AHASSEE	9-	HE FO
If Florida Limited Liability Company: Signature of a Member of Authorized Representative.			PH 10:	9 8
All others: Signature of an authorized person.		L.,	58	
Fees: Articles of Conversion:	\$35.00			

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation:

Certified Copy: Certificate of Status:

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE The name o	I NAME THE VANI	ITY SALON	5 <u>,</u> INC.	<b></b>	
ARTICLE	II PRINCIPAL OFFICE If place of business/mailing address is:				
Principal street address THE VAULTY SALON 5, INC.		Mailing address, if different is:			
	ROAD STREET	<u> </u>			
	SVILLE, FL 32796		· · · · · · · · · · · · · · · · · · ·		
The purpose	III PURPOSE For which the corporation is organized is:  AND ALL LAWFUL BU	SINESS			
ARTICLE	IV SHARES of stock is:				
	V OFFICERS AND/OR DIRECTORS	3			
Name and Ti	SHANNON D KORPE, PRESIDENT	Name and Title:		202 S5.1	
Address:	5527 RIVER OAKS DRIVE	Address:		2020 JUL S.J. L. A	are.
	TITUSVILLE, FL 32780	• •		-6	erena. Errona
Name and Ti	tle:	Name and Title:	·		
Address.		Address:	<del></del>	PM 10: 58	**************************************
Name and Ti	tle:	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.

SHANNON D KORPE

Address

5527 RIVER OAKS DRIVE

TITUSVILLE. FL 32780

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

FEBRUARY 19, 2020

Date