

P20000058605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

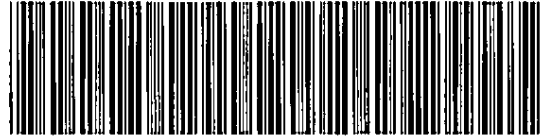
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUL 20 2020

20 JUL 20 AM 10:45
DIVISION OF CORPORATE AFFAIRS
STOCK MARKET DIVISION

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: THE LAWN SALON, 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:

ENRIQUE R CORREA

Contact Person

PARAMOUNT ENTERPRISES MULTI SERVICES

Firm/Company

2136 MICHIGAN AVE

Address

KISSIMMEE, FL 34744

City, State and Zip Code

INFO@CENTERCITYTAXPLUS.COM

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

For further information concerning this matter, please call:

ENRIQUE CORREA

at (407) 2017003

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:
THE LAWN SALON LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY L18000291533
(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 12/20/2018
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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**
THE LAWN SALON, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 06/22/2020
(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.

STATE OF FLORIDA
DIVISION OF CORPORATE FILINGS
20 JUL 20 AM 10:45

Signed this 18th day of June, 2020.

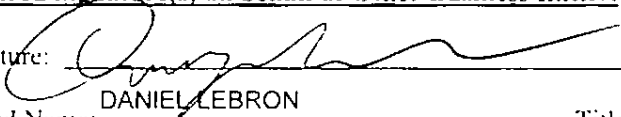
Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: ENRIQUE CORREA

Printed Name: DANIEL LEBRON Title: CHAIRMAN

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

Signature: 

Printed Name: DANIEL LEBRON Title: AUHTORIZED MEMBER

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

The name of the corporation shall be: THE LAWN SALON, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
1705 CHISBURY COURT

ORLANDO, FL 32837

Mailing address, if different is:
SAME AS PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROPERLLY STRUCTURE ENTITY TO ALLOW FUTURE SHARE HOLDER'S ALSO TO UTILIZE

SOLO 401 K SCORP RETIREMENT OPTIONS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL LEBRON/AUTHORIZED MBR

Address: 1705 CHISBURY COURT

ORLANDO, FL 32837

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECTION 607.0107
DIVISION OF CORPORATIONS
20 JUL 20 AM 10:45

ARTICLE VI REGISTERED AGENT

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

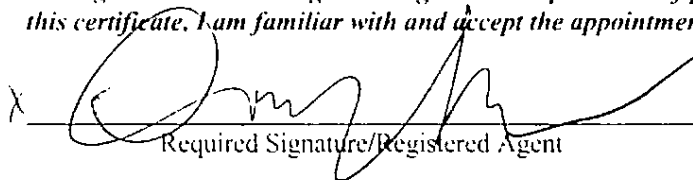
Name: DANIEL LEBRON
Address: 1705 CHISBURT COURT
ORLANDO, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ENRIQUE CORREA
Address: 2136 MICHIGAN AVE
KISSIMMEE, FL 34744

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

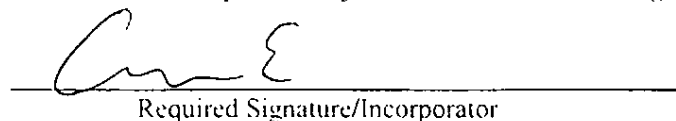
x 

Required Signature/Registered Agent

06/18/2020

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

06/18/2020

Date