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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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TO: New Filing Section

Division of Corporations

SURJECT: GIGI'S OASIS MASSAGE & WELLNESS INC

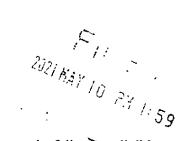
Name of Resulting Florida Profit Corporation

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:

| Gisela Adar | ms | | | |
|---|---|-----------------------------------|-------|--|
| | Contact Person | | | |
| | Firm/Company | ·········· | | |
| 11622 Asht | on Field Ave |) | | • |
| | Address | | | |
| Riverview, FL 33579 | | | | (|
| City, State and Zip Code | | | | |
| gigisoasis@ | | | | |
| E-mail address: (t | o be used for future annu | ual report notificat | tion) | |
| For further information | concerning this matter, | please call: | | |
| Gisela Adams | | at (813 | ,337 | 7-9420 |
| Name of Co | ontact Person | | / | 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 and Certified Co | _ | ☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| Mailing Address: | | | | Address: |
| New Filing Se | | | | iling Section |
| Division of Corporations P.O. Box 6327 | | | | on of Corporations entre of Tallahassee |
| Tallahassee, FL 32314 | | | | entre of Tallanassee N. Monroe Street, Suite 810 |
| | | | | assee, FL 32303 |

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation



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

| 1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is: |
|---|
| GIGISOASIS MASSAGE & WELLNESS LLC |
| Enter Name of the Converting Entity |
| 2. The converting entity is a limited liability company LZ100011 bb 36 |
| (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 03/11/2021 |
| Enter date "Converting Entity" was first organized, formed or incorporated. |
| 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : |
| GIGI's OASIS MASSAGE & WELLNESS INC |
| Enter Name of Florida Profit Corporation |
| 4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction. |
| 5. If not effective on the date of filing, enter the effective date: (date of filing) (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida |
| (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 5th day of May | , 20_21 | | | |
|--|---|--|--|--|
| Required Signature for Florida Profit Corpora | tion: | | | |
| Signature of Director, Officer, or, if Directors or C | | | | |
| Printed Name: Gisch Adams Title: | Member 3 Manager | | | |
| Required Signature(s) on behalf of Converting companies: [See below for required signature(s). | Florida partnerships, limited partnerships, and limited liability | | | |
| Signature: Printed Name: Gisels Adams | | | | |
| Printed Name: Giselz Adams | Title: | | | |
| Signature: | | | | |
| Printed Name: | Title: | | | |
| Signature: | | | | |
| Printed Name: | Title: | | | |
| Signature: | | | | |
| Printed Name: | Title: | | | |
| Signature: | <u> </u> | | | |
| 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: | | | | |

\$35.00

\$70.00

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

Articles of Conversion:

Certificate of Status:

Fees for Florida Articles of Incorporation: Certified Copy:

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

| ARTICLE I NAME The name of the corporation shall be: GIGI'S OASIS MASSAGE & WELLNESS INC | | | | |
|--|-----------------------------------|--|--|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | | | | |
| Principal street address | Mailing address, if different is: | | | |
| Riverview, FL 33579 | | | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business | | | | |
| | 2021 HAY | | | |
| | (0 | | | |
| | | | | |
| | 59 | | | |
| ARTICLE IV SHARES The number of shares of stock is: 1000 | | | | |
| ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Gisela Adams, PSTD | Name and Title: | | | |
| Address: 11345 Big Bend Road | Address: | | | |
| Riverview, FL 33579 | | | | |
| Name and Title: NAME A | Name and Title: NAME | | | |
| Address: | Address: | | | |
| | | | | |
| Name and Title: | 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:

Gisela Adams

Address:

11345 Big Bend Road

Riverview, FL 33579

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

5/5/21