

P21000055603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

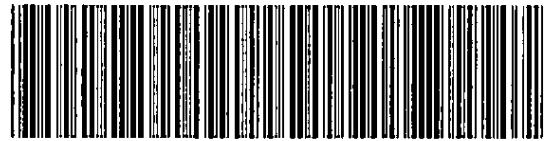
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

See 6/11/2021



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sugarcoat Nail Lounge N Spa, LLC
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:

Natanza Thomas

Contact Person

Sugarcoat Nail Lounge N Spa, LLC

Firm/Company

7958 Pines Blvd AMB 129

Address

Pembroke Pines, FL 33024

City, State and Zip Code

HOWFFR@gmail.com

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

For further information concerning this matter, please call:

Howard French at (404) 435 7243

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees.
and Certificate of Status and Certified Copy Certified Copy, and Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

Sugarcoat Nail Lounge N Spa, LLC
Enter Name of the Converting Entity

2. The converting entity is a Limited Liability Company
(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 06/10/2016
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Sugarcoat Nail Lounge N Spa, 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: _____

(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.

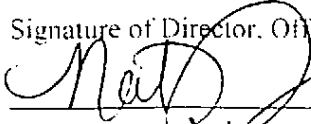
RECEIVED
FLORIDA DEPARTMENT OF STATE
JAN 26 2016

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Signed this 9th day of February, 20 21.

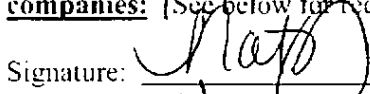
Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:



Printed Name: Natanza Thomas Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: 

Printed Name: Natanza Thomas Title: Ambr

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:

Articles 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
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: Sugarcoat Nail Lounge & Spa, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
2 Oakwood Blvd
Suite 190-41
Hollywood, FL 33020

Mailing address, if different is:
7958 Pines Blvd PMB 129
Pembroke Pines
FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We provide nail care services such as manicures,
pedicures, and also nail enhancements.
We offer a variety of options for nail care
which include acrylics, silk or fiberglass wraps,
French manicures, polish and pedicures.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 @ \$0.01 each.

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Natanza Thomas / Pres</u>	Name and Title:	
Address:	<u>7958 Pines Blvd, PMB 129</u>	Address:	
	<u>Pembroke Pines, FL 33024</u>		
Name and Title:	<u>Natanza Thomas / Sect</u>	Name and Title:	
Address:	<u>7958 Pines Blvd, PMB 129</u>	Address:	
	<u>Pembroke Pines, FL 33024</u>		
Name and Title:	<u>Natanza Thomas / Treas</u>	Name and Title:	
Address:	<u>7958 Pines Blvd, PMB 129</u>	Address:	
	<u>Pembroke Pines, FL 33024</u>		

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NATANZA THOMAS

ARTICLE VI REGISTERED AGENT

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

Name: Natanza Thomas

Address: 7958 Pines Blvd. PMB 129
Pembroke Pines, FL 33024

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

02/09/2021
Date

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