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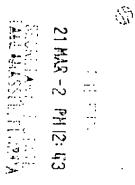
(Requestor's Name)		
(Ad	dress)	<u></u> -
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
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O'KEEFE

W21-3064



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2021

YUNIA CARMONA GONZALEZ 14800 ROBINSON ST MIAMI, FL 33176

SUBJECT: JUNE PET GROOMING INC

Ref. Number: W21000003064

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 521A00003954



#### **COVER LETTER**

TO: New Filing Section Division of Corporations					
SUBJECT: JUNE PET GROOMING	S INC				
Name of Resulting Florida Profit Corporation					
The enclosed Articles of Conversion, Articles of Incentity into a "Florida Profit Corporation" in accorda	corporation, and fees are submitted to convert the following eligible ince with ss. 607.11933 & 607.0202, F.S.				
Please return all correspondence concerning this ma	atter to:				
YUNIA CARMONA GONZALE	Z				
Contact Person					
(ippriora).					
Firm/Company	<del></del>				
14800 ROBINSON ST					
Address					
MIAMI, FLORIDA, 33176					
City, State and Zip Code					
yunia.cg@gmail.com					
E-mail address: (to be used for future annual r	eport notification)				
For further information concerning this matter, plea	se cali:				
YUNIA CARMONA GONZALEZ at	,379-0900				
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 an Status	\$113.75 Filing Fees  d Certified Copy Certified Copy, and Certificate of Status				
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## 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:
JUNE PET GROOMING 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 07/01/2018
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> JUNE PET GROOMING 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: 01/01/2021
(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.

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Signed this 22 day of DECEN	1BER , 20 20	
Required Signature for Florida Profit Con	rporation:	
Signature of Director, Officer, or, if Director	s or Officers have not been selected, an Incor	porator:
Printed Name: YUNIA CARMONA GONZALEZ Titl	PRESIDENT	
companies: [See below for required signatu	rting Florida partnerships, limited partner	
Signature: Wishburg .	Title: Prosident	X
Printed Name: YUNIA CALLONA	Title: Kosident	X
Signature:		<del></del>
Printed Name:	Title:	<del></del>
Signature:		
Printed Name:	Title:	<del></del>
Signature:		
Printed Name:	Title:	<u>_</u>
Signature:		
Printed Name:	Title:	
Signature:	**	
Printed Name:	Title:	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	<u>***</u> 2
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	ZI MAR -2
If Florida Limited Liability Company: Signature of a Member or Authorized Repres	Sentative.	R-2 PM 12: 43
All others: Signature of an authorized person.		79. <b>43</b>
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)

The name of	the corporation shall be: JUNE PET G		<del> </del>
ARTICLE I	PRINCIPAL OFFICE place of business/mailing address is:		
	Principal street address	Mailing addres	ss, if different is:
14800 F	ROBINSON ST		
MIAMI,	FLORIDA, 33176		
The purpose	for which the corporation is organized is:  ND ALL LAWFUL BUSINES	S	
			21 MA2
The number of	TV SHARES of stock is: 100		3-2 PHI2: 43
ARTICLE			
Name and Ti	****	Name and Title:	<u> </u>
Address:	14800 ROBINSON ST MIAMI, FLORIDA, 33176	Address:	
Name and Ti		Name and Title:	
Address:		A d.d	
Name and Ti	itle:	Name and Title:	
Address:		Address:	
			·

	and Florida street address (P.O. Box NOT	exceptable) of the registered agent is:
Name:	YUNIA CARMONA GONZALEZ	
Address:	14800 ROBINSON ST	
	MIAMI, FLORIDA 33176	
******	************	*******
Having be this certifi	en named as registered agent to accept serv cate, I am familiar with and accept the appo	of process for the above stated corporation at the place designated is ment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

12/22/2020

Date

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