

P22000004374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

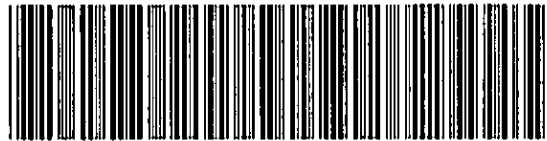
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300379104753

01/19/22--01033--002 **70.00

11/18/21--01013--021 **35.00

FILED
2021 DEC 27 PM 4:50
CLERK OF COURT
JAN 27 2022

JAN 27 2022

D CUSHING

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **PSICOVIVIR USA 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:

MARITZA COLONIA

Contact Person

[Signature]

Firm/Company

111 WEST 16TH STREET

Address

LINDEN NJ, 07036

City, State and Zip Code

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

For further information concerning this matter, please call:

MARITZA COLONIA at (**754**) **7030189**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees and Certificate of Status ☐ \$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

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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2021 DEC 27 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JAN 19 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 FEB 27 PM 8:19

December 6, 2021

MARTIZA COLONIA
111 WEST 16TH STREET
LINDEN, NJ 07036

SUBJECT: PSICOVIVIR USA, LLC
Ref. Number: L19000273196

*converting
Sending to me
P+C attn:*

We have received your document for PSICOVIVIR USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 821A00029251

*I Received this Letter but.
Not the MONEY ORDER.
Enclosed the form. correct.
Thank you for your help.*

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:

PSICOVIVIR USA 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 **11/01/2019**

Enter date "Converting Entity" was first organized, formed or incorporated.

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FLORIDA DEPARTMENT OF STATE
2021 DEC 27 PM 4:50

2021 DEC 27 PM 4:50

FILED

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

PSICOVIVIR USA CORP

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: **01/02/2022**

(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 01 day of 13, 2022

Required Signature for Florida Profit Corporation:

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

Printed Name: MAGGIE MOYA Title: PRESIDENT

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

Signature: [Signature]

Printed Name: MAGGIE MOYA Title: MEMBER *↑ and President*

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)

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: PSICOVIVIR USA CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
1802 N ALAFAYA TRAIL SUITE 118-119

Mailing address, if different is:

Orlando fl 32826

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting, Coaching and all activities related to the personal improvement of the Individual
and their community.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: MAGGIE MOYA

Address: 1824 SW 176 Way
Miramar fl, 33029

Name and Title: PRESIDENT

Address: same

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

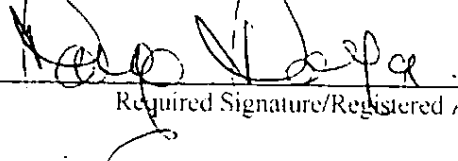
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2021 DEC 27 PM 4:50
SECRETARY OF STATE
FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: MAGGIE MOYA
Address: 1824 SW 176 Way
Miramar Fl 33029

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

01/02/2022
Date