

P22000051774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

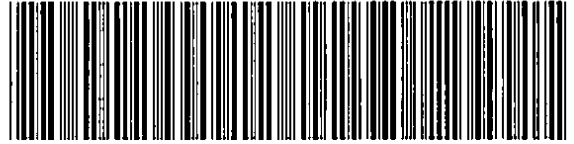
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300389634083

06/23/22--01001--005 **105.00

RECEIVED

2022 JUN 22 PM 3:49

ALLAHASSEE, FL

FILED

2022 JUN 24 AM 10:48

ALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) - (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/22 Glinda

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** CONVERSION _____

1. IDEAL BEAUTY SKIN CLINIC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2022

CORPORATE ACCESS, INC.

SUBJECT: IDEAL BEAUTY SKIN CLINIC INC
Ref. Number: W22000084871

Corrected

We have received your document for IDEAL BEAUTY SKIN CLINIC INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On #1 on the Articles of Conversion the name is missing a corporate suffix.

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.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00014173

RECEIVED
2022 JUN 24 PM 1:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

FILED

2022 JUN 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FL

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:

IDEAL BEAUTY SKIN CLINIC INC.

Enter Name of the Converting Entity

2. The converting entity is a profit corporation

(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 CALIFORNIA

(Enter state, or if a non-U.S. entity, the name of the country)

on 04/29/2015

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**:

IDEAL BEAUTY SKIN CLINIC 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.

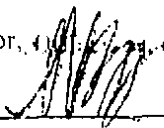
5. If not effective on the date of filing, enter the effective date: _____.

(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.

Signed this 20 day of June, 20 22.

Required Signature for Florida Profit Corporation:


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

Printed Name: Misti L Barnes Title: President

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

Signature:  _____

Printed Name: Misti L Barnes Title: President

Signature:  _____

Printed Name: Rick S Rieger Title: Secretary

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: IDEAL BEAUTY SKIN CLINIC INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
8374 Market St. #519

Lakewood Ranch, FL 34202

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

2022 JUN 24 AM 10:49
SECRETARY OF STATE
FLORIDA

FILED

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Misti L Barnes, PTD

Address: 8374 Market St. #519

Lakewood Ranch, FL 34202

Name and Title: _____

Address: _____

Name and Title: Rick S Rieger, Secretary

Address: 8374 Market St. #519

Lakewood Ranch, FL 34202

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

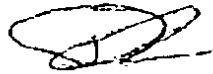
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rick S Rieger

Address: 8374 Market St. #519

Lakewood Ranch, FL 34202

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



Registered Signature Registered Agent

6/20/22

Date

FILED

2022 JUN 24 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FL