# P23000032346

(Re	questor's Name)			
(Ad	dress)	<del></del>		
(Ád	dress)	<del>-</del>		
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W23000019555				
		2123123		



01/24/23--01020--023 \*\*105.08

Office Use Only



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2023

MARY L GRIMES 452 OSCEOLA ST # 208 ALTAMONTE, FL 32701 US

SUBJECT: AMERICAN MASSAGE INC

Ref. Number: W23000019555

2023 3 F3 1: 16

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 823A00003398

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations			
CLIDI	ECT: American Massag	ie Inc		
SUBJ		Resulting Florid	a Profit	Corporation
	nclosed Articles of Conversion, Articles o into a "Florida Profit Corporation" in acco	-		are submitted to convert the following eligible 233 & 607.0202, F.S.
Please	e return all correspondence concerning this	s matter to:		
Ma	ry L Grimes			
	Contact Person		_	
An	nerican Massage Inc			
	Firm/Company		_	
45	2 Osceola St	108	_	
	Address		_	
Alt	amonte Springs, FL 3	32701		
	City, State and Zip Code	2	_	
	ıri.jay@aol.com			
•	E-mail address: (to be used for future annu	al report notific	ation)	
	urther information concerning this matter,	•	70	4.7004
Ma	iry L Grimes	_at ( <u>352</u>	<u>)/6</u>	4-7694
	Name of Contact Person	Area C	lode and	I Daytime Telephone Number
Enclo	sed is a check for the following amount:			
■ \$1	05.00 Filing Fees S113.75 Filing Fees and Certificate of Status	□\$113.75 Filiand Certified C	_	□\$122.50 Filing Fees, Certified Copy. and Certificate of Status
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		New I Divisi	Address: Filing Section on of Corporations entre 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 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.

American Massage LLC	S:		
Enter Name of the Converting Entity	-	2	
	- ( )	023	
2. The converting entity is a limited liability company		<u> </u>	erena.
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	173	2023 FEB 23	**************************************
first organized, formed or incorporated under the laws of		PH 12:	g [g]
(Enter state, or if a non-U.S. entity, the name of the country)	`. `; i	$\ddot{\sim}$	Carl Carl
on January 18, 2023		24	
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 Incorporatio</u> American Massage Inc	<u>n:</u>		
Enter Name of Florida Profit Corporation			
4. This conversion was approved by the eligible converting entity in accordance with this chapter an current/organic jurisdiction.	ıd the l	aws o	fits
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 Department of State.)	filed b	y the	Florida
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	is date	will r	iot be

Signed this 18th day of January	, <sub>20</sub> 23	
Required Signature for Florida Profit Corporation		
Signature of Director, Officor, or, if Directors or Office Printed Name: Mary L Grimes		:
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]		and limited liability
Signature:	Descident	-
Printed Name: Mary L Grimes		-
Signature:	<del></del>	2023 SEC
Printed Name:	Title:	
Signature:		23 F
Printed Name:  Signature:	Title:	PH 12
Signature:		: 24 T.TE
Printed Name:		
Signature:		_
Printed Name:	Title:	<del>-</del>
Signature:		_
Printed Name:		_
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees:  Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

The name of the	ne corporation shall be: American	Massage Inc		
ARTICLE II The principal p	PRINCIPAL OFFICE place of business/mailing address is:			
	Principal street address	Mailing address, if different is:		
452 Osc	ceola St., Suite 208	30700 Wekiva River Rd		
	nte Springs, FL 32701	Sorrento, FL 32776		
Any lav	or which the corporation is organized is:  wful purpose. Massag	ges, skin care, body waxes,		
facials.				
		2023 FILB SECT.		
		PS		
-				
ARTICLE IV	SHARES 1000	PH   24		
ARTICLE V		<u> </u>		
Name and Titl	le: Mary L Grimes, President	Name and Title:		
Address:	456 Osceola St., Suite 208	Address:		
	Altamonte Springs, FL 32701			
Name and Titl	le:	Name and Title:		
Address:		Address:		
Name and Titl	le:	Name and Title:		
Address:		Address:		
		<del></del>		

ARTICLE VI REGISTERED AGENT

he <u>name and Florida street address</u>	(P.O. Box NO	T acceptable) of	f the registered agent is:
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Name:

Mary L Grimes

Address:

452 Osceola St., Suite 208

Altamonte Springs, FL 32701

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

Date

2023 FEB 23 PM 12: 21