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(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:
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LU23000077742

Office Use Only



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SECRETARY OF STATE





June 2, 2023

GLADYS RAMIREZ 1626 SW BAYSHORE BLVD PORT ST LUCIE, FL 34952

SUBJECT: BODY WAXING AND SKINCARE BY GLADYS LLC

Ref. Number: W23000077742

We have received your document for BODY WAXING AND SKINCARE BY GLADYS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form and fee for the conversion. Please fill out the correct form and send a check or money order for \$80.00 (more if certificates are desired.

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

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.

Karen Lovelace Regulatory Specialist II

Letter Number: 023A00012625

COVER LETTER

TO: New Filing Sec Division of Co						
SUBJECT BODY W	AXING AND SKINC	ARE BY GLA	ADYS LL	С		
SUBJECT:		Resulting Flor				
	of Conversion, Articles of offit Corporation" in acc			are submitted to convert the fo 33 & 607.0202, F.S.	Howing	eligible
Please return all corresp	ondence concerning this	s matter to:				
GLADYS RAMIRE	Z					
	Contact Person					
BODY WAXING AN	ID SKINCARE BY G	LADYS				
	Firm/Company		_			
1626 SW BAYSH	ORE BLVD					
	Address		_ 			
PORT SAINT LUC	IE, FL 34984					
	City, State and Zip Code	e	_			
GCRAMIREZ89@0	GMAIL.COM					
E-mail address: (to	o be used for future annu	ual report notif	ication)			
For further information	concerning this matter.	please call:				
GLADYS RAMIREZ	7_	_at (_408	,706-	-0602		
Name of Co	ontact Person	Агеа	Code and	Daytime Telephone Number		
Enclosed is a check for	the following amount:					
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
Mailing Addr New Filing Se Division of Co P.O. Box 6323	ction orporations		New F Divisi	Address: Filing Section on of Corporations entre of Tallahassee	(A)	~

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 TALLAIA SECREDARY OF STATE TALLAIA SEEL FILE 53

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:
BODY WAXING AND SKINCARE BY GLADYS LLC
Enter Name of the Converting Entity
2. The converting entity is a LIMITED LIABILITY COMPANY (Force entity type: Example: limited liability company, limited partnership.
(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)
AUGUST 29, 2022
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> BODY WAXING AND SKINCARE BY GLADYS
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 23rd day of May	. 20 23
Required Signature for Florida Profit Corporation:	
Signature of Director. Officer, or, if Directors or Office	
Printed Name: GLADYS RAMIREZ Title: MGR	
Required Signature(s) on behalf of Converting Flori companies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability
- l n	
Printed Name: GLADYS RAMIREZ	_ Title:
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 Signature of one General Partner.	Partnership:
1f Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	20 T.

Fees:

Articles of Conversion:

\$35.00

Fees for Florida Articles of Incorporation:

\$70.00

Certified Copy: Certificate of Status:

\$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)

NAME

ARTICLE I	I PRINCIPAL OFFICE		
The principal	place of business/mailing address is:		
1626 SW BAYSH	Principal street address	Mailing address, if different is: 7607 PINE LAKES BLVD	
PORT SAINT LU	ICIE, FL 34984	PORT SAINT LUCIE, FL 34952	
ARTICLE I	II PURPOSE for which the corporation is organized is:		_ _
ARTICLE I	V SHARES		
ARTICLE I	V SHARES		
ARTICLE I	V SHARES of shares of stock is: V OFFICERS AND/OR DIRECTO	RS	
ARTICLE I	V SHARES of shares of stock is: V OFFICERS AND/OR DIRECTO	RS	<u></u>
ARTICLE I The number of ARTICLE Name and Ti	V SHARES of shares of stock is: V OFFICERS AND/OR DIRECTO	RS	
ARTICLE I The number of ARTICLE Name and Ti	V SHARES of shares of stock is: V OFFICERS AND/OR DIRECTO tle:	RS Name and Title:	
ARTICLE I The number of ARTICLE Name and Ti Address:	V SHARES of shares of stock is: V OFFICERS AND/OR DIRECTO tle: 7607 PINE LAKES BLVD PORT SAINT LUCIE, FL 34952	RS Name and Title: Address:	
ARTICLE I The number of ARTICLE Name and Ti Address:	V SHARES of shares of stock is: V OFFICERS AND/OR DIRECTO tle: 7607 PINE LAKES BLVD	RS Name and Title: Address: Name and Title:	
ARTICLE I The number of ARTICLE Name and Ti Address: Name and Ti Address:	V SHARES of shares of stock is: V OFFICERS AND/OR DIRECTO tle: 7607 PINE LAKES BLVD PORT SAINT LUCIE, FL 34952	Name and Title: Address: Name and Title: Address: Address:	

ARTICL The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT a	acceptable) of the registered agent is:
Name:	GLADYS RAMIREZ	
Address:	7607 PINE LAKES BLVD	
	PORT SAINT LUCIE, FL 34952	
********* Having be	**************************************	**************************************
this certifi	icate, I am familiar with and accept the appoin	ntment as registered agent and agree to act in this capacity 05/23/2023
	Required Signature/Registered Agent	Date

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SECRETARY OF STATE