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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

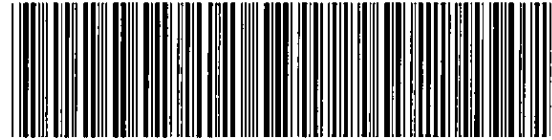
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/23--01005--005 **105.00

2022 OCT -3 Fri. 8:06
FALLS CHURCH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **MARKETING FOR WELLNESS INC.**

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:

DMITRIY MELESHKO

Contact Person

Firm/Company

425 HUEHL RD., BLDG 4 B

Address

NORTHBROOK, IL 60062

City, State and Zip Code

CPA@GELTONLINE.COM

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

For further information concerning this matter, please call:

DMITRIY MELESHKO at (**847**) **279-8448**

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 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

FILED

2022 OCT -3 PM 8:06

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:

MARKETING FOR WELLNESS INC.

Enter Name of the Converting Entity

2. The converting entity is a 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 ILLINOIS
(Enter state, or if a non-U.S. entity, the name of the country)

on 08-06-2019
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:

MARKETING FOR WELLNESS 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.

2022 OCT -3 PM 8:06

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

ARTICLE I **NAME** MARKETING FOR WELLNESS INC.
The name of the corporation shall be: _____

ARTICLE II **PRINCIPAL OFFICE**
The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

9547 CURLEW DR.
NAPLES, FL 34120

9547 CURLEW DR.
NAPLES, FL 34120

ARTICLE III **PURPOSE**
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV **SHARES** 1,000
The number of shares of stock is: _____

ARTICLE V **OFFICERS AND/OR DIRECTORS**

Name and Title: ALANA SANDEL, PRESIDENT
Address: 9547 CURLEW DR.
NAPLES, FL 34120

Name and Title: _____
Address: _____

Name and Title: ALANA SANDEL, SECRETARY
Address: 9547 CURLEW DR.
NAPLES, FL 34120

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____


Name and Title: _____
Address: _____

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Signed this 15 day of AUGUST, 2023.

Required Signature for Florida Profit Corporation:

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

V 

Printed Name: ALANA SANDEL Title: PRESIDENT

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

Signature: V 

Printed Name: ALANA SANDEL Title: 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)


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ARTICLE VI REGISTERED AGENT

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

Name: ALANA SANDEL
Address: 9547 CURLEW DR.
NAPLES, FL 34120

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

v 

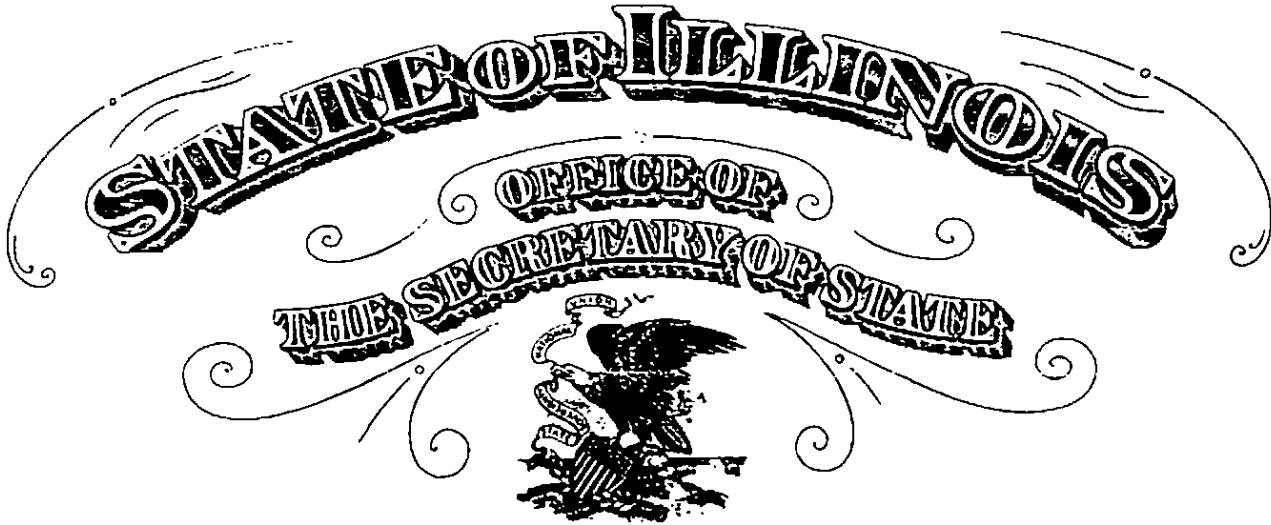
Required Signature/Registered Agent

08/14/2023
Date

2022 08 14 - 3 AM 8:07
1411 2 00 00

File Number

7241-176-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MARKETING FOR WELLNESS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 06, 2019, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set:
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of AUGUST A.D. 2023 .

2022-11-03 13:08:06