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(Requestor's Name)						
(Address)						
(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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COVER LETTER

TO: **New Filing Section** Division of Corporations HEIDI ELEVATED 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: Simon B Howell Contact Person **Howell International Tax** Firm/Company 8701 w Irlo Bronson Memorial Hwy, Ste 100 Address Kissimmee, Florida 34747 City, State and Zip Code simon.howell@howellinternationaltax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Simon B Howell

at (407)245 7600

Area Code and Daytime Telephone Number

Name of Contact Person

Enclosed is a check for the following amount:

Status

□ \$105.00 Filing Fees □ \$113.75 Filing Fees and Certificate of

and Certified Copy

□\$113.75 Filing Fees ■\$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

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

Signed this 1st day of July	, 20 <u>24</u>
Required Signature for Florida Profit Corporati	
Signature of Director, Officer, or, if Directors or Of	
Printed Name: Natasha Anderson Title: Di	rector
	lorida partnerships, limited partnerships, and limited liability
Signature:	
Printed Name:	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 Liabil Signature of one General Partner.	lity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of <u>ALL</u> General Partners.	lity Limited Partnershîp:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	re.
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00

\$8.75 (Optional) \$8.75 (Optional)

Certified Copy: Certificate of Status:

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

ARTICLE 1 NAME
The name of the corporation shall be: HEIDI ELEVATED INC

ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 879 TIGER LAKE ROAD, LAKE WALES, FLORIDA 33898	Mailing address, if different is
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ONLINE DIGITAL STREAM!	NG SERVICES
ADMICI E IV. CIVADEO	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Natasha Anderson, Director	No I Tide
Name and Title: Natasha Anderson, Director	Name and Title:
ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Natasha Anderson, Director 879 Tiger Lake Road	Name and Title:Address:
Name and Title: Natasha Anderson, Director	Address
Name and Title: Natasha Anderson, Director Address: 879 Tiger Lake Road Lake Wales, Florida 33898	Address:
Name and Title: Name and Title: Address: Address: Name and Title:	Address: Name and Title:
ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Natasha Anderson, Director 879 Tiger Lake Road	Address:
Name and Title: Name and Title: Address: Address: Name and Title: Address: Name and Title: Name and Title: Address: A	Name and Title:
ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Natasha Anderson, Director 879 Tiger Lake Road Lake Wales, Florida 33898 Name and Title: Address:	Address: Name and Title: Address:
ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Name and Title: Address: Address:	Name and Title:

ARTICLE VI REGISTERED AGENT

Γhe	<u>name</u>	and	<u>Florida stree</u>	<u>t address</u>	(P.O.	Box NOT	`acceptable) o	of the regi	stered agent is:

Name:

Howell International Tax

Address:

8701 W Irlo Bronson Mem Hwy Ste 100

Kissimmee, Florida 34747

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 July 2024

Date

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