

P24000059650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

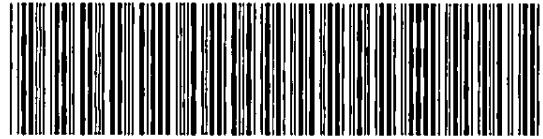
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

WZ4000103114



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2024 AUG 30 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FL

July 16, 2024

PAULA S AUDI
906 KINGSPORT CT
HOLLY HILL, FL 32117 US

SUBJECT: VIRILITY MEN'S HEALTH INC
Ref. Number: W24000103114

We have received your document for VIRILITY MEN'S HEALTH INC and check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Tabitha J Howell
Regulatory Specialist II
New Filings Section

Letter Number: 924A00015477

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VIRILITY MEN'S HEALTH 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:

PAULA S AUDI

Contact Person

NO FRILLS ACCOUNTING INC

Firm/Company

906 KINGSFORT CT

Address

HOLLY HILL, FL 32117

City, State and Zip Code

JASONDUNLAP@HOTMAIL.COM

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

For further information concerning this matter, please call:

PAULA S AUDI

Name of Contact Person

at (386) 671-1361

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

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:

VIRILITY MEN'S HEALTH LLC

Enter Name of the Converting Entity

2. The converting entity is a **LIMITED LIABILITY COMPANY**

(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 - L22000028753**

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

on **01/13/2022**

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:

VIRILITY MEN'S HEALTH 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.

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X Signed this 27 day of June, 2024

Required Signature for Florida Profit Corporation:

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

X Printed Name: Jason D Dunlap Title: Officer

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

X Signature: [Signature]

Printed Name: JASON D DUNLAP 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) |

SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME VIRILITY MEN'S HEALTH INC
The name of the corporation shall be: _____

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

Principal street address
4 PEARL DR SUITE 1 ORMOND BEACH, FL 32174

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Not required to complete

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TALLAHASSEE, FL

ARTICLE IV SHARES 10
The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: JASON D DUNLAP
Address: 4 PEARL DR SUITE 1
ORMOND BEACH, FL 32174

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: JASON D DUNLAP
Address: 4 PEARL DR SUITE 1
ORMOND BEACH, FL 32174

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

X / J D Dunlap
Required Signature/Registered Agent

6/27/24
Date

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TALLAHASSEE, FL