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(Re	questor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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W20-43157



Division of Corporations

April 30, 2020

MACKENZIE FLEMING GIRLBOSSING INC. 472 GREEN BAY ROAD WINNETKA, IL 60093

SUBJECT: GIRLBOSSING INC. Ref. Number: W20000043157

We have received your document for GIRLBOSSING INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the checked sections in the Articles of Conversion. A required signature is missing.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 620A00009006

5120

COVER LETTER

TO:	New Filing Section Division of Corporation	ons					
	Girlbossi						
SUBJ	EC1: <u>G11123334</u>	Name of Re	esulting Florida	Profit Co	orporation		
The entity	nclosed Articles of Conv into a "Florida Profit Co	ersion. Articles of brooration in accor	Incorporation, and dance with ss. 60	d fees a)7.1193:	re submitted to conve 3 & 607.0202, F.S.	rt the fo	llowing cligible
Please	return all corresponden	ce concerning this	matter to:				
Ma	ckenzie Fle		etary_				
	C	ontact Person					
Gir	Ibossing Inc) <u>. </u>					20
	F	irm/Company				:-	Ξ,
47	2 Green Bay					: : : : : : : : : : : : : : : : : : :	20 ICY 20 PH 3: 05
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W	nnetka, IL 6					· ·	: 05
	City,	State and Zip Code	:				
ro	Dinrossflemi E-mail address: (to be t	ng@gmai used for future annu	l.com	tion)			
For i	urther information conc	erning this matter, [please call:				
	bin Fleming		at (561	,30	11078		
	Name of Contac		Area C	ode and	Daytime Telephone	Number	
Encl	osed is a check for the f	ollowing amount:					
□ \$	105.00 Filing Fees \$\square\$ and \$\state\$	Certificate of	□\$113.75 Filinand Certified C		≡\$122.50 Filing For Certified Copy, and Certificate of Status		
	Mailing Address: New Filing Section Division of Corporation P.O. Box 6327			New I Divisi	Filing Section ion of Corporations Centre of Tallahassee	e 91	0

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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:
Chrysalis Productions LLC
Enter Name of the Converting Entity
2. The converting entity is a LLC (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 (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
February 7, 2020
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> : Girlbossing 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: April 20, 2020 (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid
(The effective date: Califor of prior to the state of
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 _	19 _{day of} April	20		
Required Si	gnature for Florida Profit Corpora	tio <u>n:</u>		
	Director, Officer, or, if Directors or C	Officers have not been selected, an Incorpora uthorized Representative	ator:	
	-			
companies.	ISee/below for/required signature(s).	Florida partnerships, limited partnershi		mited hability
Signature: _ Printed Nam	no: POBIN FLEMING	Title: SOLE MEMBER	X	
Signature: _				
Printed Nam	ne:	Title:		
Signature: _				
Printed Nan	ne:	Title:		
Signature: _				
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Signature:				201
Printed Nan	ne:	Title:	<u>.</u> .	2 AT
If Florida (Signature o	General Partnership or Limited Lia f one General Partner	ability Partnership:	111 1 1	711 F ID 20 FH 3:
If Florida Signatures	<u>Limited Partnership or Limited Lia</u> of <u>ALL</u> General Partners.	ability Limited Partnership:	<u>.</u>	: 05
If Florida Signature o	Limited Liability Company: f a Member or Authorized Represent	ntive.		
All others: Signature o	f an authorized person.			
Fee Ce	ticles of Conversion; es for Florida Articles of Incorporatio rtified Copy; rtificate of Status;	\$35.00 n: \$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)

ARTICLE I	NAME e corporation shall be: Girlbossing	Inc.	
ARTICLE II	PRINCIPAL OFFICE blace of business/mailing address is:		
	Principal street address	Mailing address, if differe	nt is:
10660 F	Forest Hill Blvd. #130		
Welling	ton, FL 33414		
ARTICLE II The purpose for	I PURPOSE for which the corporation is organized is:		
			20
			20 H2Y 20
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE I	v SHARES 10,000		1 3: 05
ARTICLE 1	V OFFICERS AND/OR DIRECTORS		
Name and Tit	Robin Fleming, Pres/VP/Treasurer	Name and Title:	
Address:	10660 Forest Hill Blvd, #130	Address:	
	Wellington, FL 33414		
Name and Ti	Mackenzie Fleming, Secretary	Name and Title:	
Address:	472 Green Bay Road	Address:	
1144.700	Winnetka, IL 60093		
Name and Ti	tle:	Name and Title:	·
Address:		Address:	
			

ARTICLE VI REGISTERED AGENT

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

Name:

Robin Fleming

Address:

10660 Forest Hill Blvd, #130

Wellington, FL 33414

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

April 19, 2020

Date

20 HIY 20 PM 3: 0