

17210000009360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

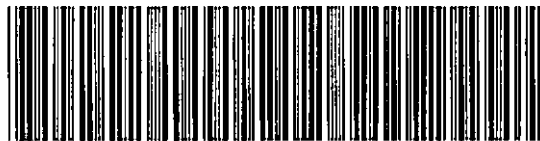
Special Instructions to Filing Officer:

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AUG 05 2021

T. SCOTT



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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

6/17
12/17

SUBJECT: LASSIE MOMS & EVENTS
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DOMINIQUE JONES
Name (Printed or typed)

233 NW 12 STREET #2

Address

POMPANO BEACH, FL 33060

City, State & Zip

954-856-3364

Daytime Telephone number

DOMINIQUECJ4@YAHOO.COM

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

NOTE: Please provide the original and one copy of the articles.

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:

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

on April 19, 2021
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**:

LASSIE MEMES AND EVENTS
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: Jun 1, 2021
(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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FLORIDA

Signed this 1 day of June, 2021.

Required Signature for Florida Profit Corporation:

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

[Signature]

Printed Name: Christopher M. [unclear] Title: President

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

Signature: [Signature]

Printed Name: Christopher M. [unclear] 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)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: LASSIE MOMS & EVENTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
233 NW 12TH STREET #2

Mailing address, if different is:

POMPANO BEACH, FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH
CORPORATIONS MAY BE INCORPORATED IN THE STATE OF FLORIDA.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS STATED IN OUR BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOMINIQUE JONES, PRESIDENT

Address: 233 NW 12 STREET #2

POMPANO BEACH, FL 33060

Name and Title: _____

Address: _____

Name and Title: JANINE JONES, TREASURER

Address: 233 NW 12 STREET #2

POMPANO BEACH, FL 33060

Name and Title: _____

Address: _____

Name and Title: ANGELA WILLIAMS, SECRETARY

Address: 233 NW 12 STREET #2

POMPANO BEACH, FL 33060

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ 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: DOMINIQUE JONES, PRESIDENT

Address: 233 NW 12 STREET #2

POMPANO BEACH, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOMINIQUE JONES, PRESIDENT

Address: 233 NW 12 STREET #2

POMPANO BEACH, FL 33060

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

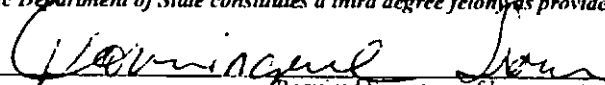
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

7/20/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

7/20/2021

Date