N24000007027

(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:				

Office Use Only



100430590611

05/29,24--01029--018 **105.00

Certificate of Conversion
For

"Other Business Entity"
Into
Florida Profit Cornoration
Non-regit

(Enter entity type. Example: (limited liability company) limited partnership, general partnership, common law or business trust, etc.)

Tirst organized, formed or incorporated under the laws of Floy La Ca

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

on Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Prefit Corporation as set forth in the attached Articles of Incorporation:

Prefit Corporation:

Prefit Corporation:

5. If not effective on the date of filing, enter the effective date: 5.21.2024.

(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.

Page 1 of 2

·	a 1 \		
Signed this 21 day of MOU	, 20 24		
हिल्ला Required Signature for Florida Profit Corporation	<u>:</u>		
Signature of Chairman, Vica Chairman, Director, Office Incorporator: Printed Name: Left Chairman, Director, Office Incorporator: Required Signature(s) on behalf of Other Business	cer, or, if Directors or Officers have not been se	າ)ອັດໄຂປີ, ສຸກ	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]		
Signature: Destelled will	MS ALLON IS MAKE	(P)	
Printed Name: NCFC+CVIC WILLIA	Tritle: <u>OVVVICY</u> TOUY CICY		
Signature:			
Printed Name:			
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:			
<u>If Florida General Partnership or Limited Liability</u> Signature of one General Partner.	Purtnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	; ;	2°
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			:
All others: Signature of an authorized person.			١.
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	٠	: :

Signed this 21 day of MAU	, 20 24	
Required Signature for Florida Profit Corporation		
Signature of Chairman, Vica Chairman, Director, Off Incorporator: I Chairman Director, Off Printed Name: Language Chairman Director, Off Incorporator: Director, Off Incorporator: Director, Off Incorporator, Off		
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]	
Signature: Petterlan Mil	Warms - och the	CPA
Printed Name: NCHCTCKO WILLIA	IMPINE OWNEY FOUNCEY	WO
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
H Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	v Limited Partnershin:	202 4 144
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		, 22
All others: Signature of an authorized person.	,	25. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	.स. जिल्ला स

ARTICLES OF INCORPORATION

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

The name of the corporation shall be: Pretty 6	iris Poppin Inc
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address:	Mailing address, if different is:
Lehigh Aeres, FL 33976	
The purpose for which the corporation is organized is: POPPINCIALS TO EMPONE CONCLUDE DUILDING CONCLUDE ON CONCL	r jump girls through retirtles affirmation- d community engagement, t personal growth.
of candidates by the boar a vote among the member	in which the directors are elected and appointed: NOMINATION A CF CLYPCTOPS FOLLOWED BY STOUR TRANSPARENCY FAIRNESS & REPUBLING ORS WISICLEM Name and Title: STOUTH DEVINER IN THE ORGANIZATIONS Name and Title: STOUTH DEVINER IN THE ORGANIZATIONS
Name and Title: Neffeten a Williams Address 4209 27th St. SW Lehigh Acres El	Name and Title: Stacey Bernier Leadership. Address: 15410 OVEY 100 Ct. ACCOVER MD20 LOUT
Name and Title: Palmela Willams: Sec Address 4209 27th St SW Le high Aeres Fl 339710	Name and Fitle: Netfettena Williams Treasurer Address: 4209 27th Stiswing Lengh Acris H: 33974
Name and Title:	Name and Title:
Address	Address: $3 \times 3 $

ame and Title:	Name and Title:	
ddress	Address:	
ane and Title:ddress	Name and Title:	
ddress: 4209 27th St	cceptable) of the registered agent is: LILIAMS SW SH 33970	23% 2824 HK
Name: Address: Color Col	<u>Williams</u> H.SW	16. 29 For 2: 30
RTICLE VIII EFFECTIVE DATE: ffective date, if other than the date of filing: f an effective date is listed, the date must be specificate: ote: If the date inserted in this block does not meet the	ic and cannot be more than five days prior o	

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.

G 2121

Required Signature of Registered Agent