# P6600145393

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	<del>; #)</del>
PICK-UP	MAIT	MAIL
(Busir	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	
		S.M.
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Office Use Only



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SECRE WARY OF STATE
AND AHASSEE, FLORIDA

# **COVER LETTER**

	Registration S Division of C	Corporations		
SUBJ	IECT: \(\frac{1}{\lambda}\)	Name of Resulti	ng Florida Profit Corporatio	G, [NC
conve			_	and fees are submitted to tion" in accordance with
Please	e return all corr	espondence concernir	ng this matter to:	
		Fin	Kee -	
	Kimber	(Contact Person)	C1ED	
		(Firm/Company)		
	7130	S.W. Ct	H Stree	7
<del></del>			33317	
For fu	ırther informati	on concerning this ma	atter, please call:	
	ROBERT (Name of Co	Contend ntact Person)	_at (\frac{954}{\text{(Area Code and Day)}}\frac{7}{\text{(Area Code and Day)}}	ytime Telephone Number)
Enclo	sed is a check i	for the following amo	unt:	
<b>\$10</b> 5	5.00 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
STRE	EET ADDRES	S:	MAILING A	ADDRESS:
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C P. O. Box 633 Tallahassee, I	orporations 27	

# **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificator of Conversion is:	ate
(Enter Name of Other Business Entity) LOG-597	
(Enter Name of Other Business Entity) LOG-597	<b>_</b> '
2. The "Other Business Entity" is a (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)	
first organized, formed or incorporated under the laws of FLOCE 1 DA  (Enter state, or if a non-U.S. entity, the name of the country)	
on 1/3/06 (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 laws of which it is now organized, formed or incorporated:	r the
U/A	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:    Course   Market 1 No.   No.	
(Enter Name of Florida Profit Cornoration)	2
TO 2	NOV IT

5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)
Signed this 10 day of Nov. ,20 06.
Signature: AKAJulus Jud (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or
Officers have not been selected, an Incorporator.)
Printed Name: RIMBERCY, FRIED Title: PRESIDENT
Fees:
Certificate of Conversion:  Fees for Florida Articles of Incorporation:  S35.00  \$70.00  \$8.75 (Optional)
Certificate of Status: \$8.75 (Optional)

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

JOURNEY MARKETING, INC

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7130 5W 9+H St

PLANTATION , FL 33317

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLOSPOIGHTE MAIRICETING

# ARTICLE IV SHARES

The number of shares of stock is:

1000

\$100 PARVAME EA. SHRE

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

KIMBERLY FRIED 7130 SW 94484

PCANTATION, FC 33317

PRESIDENT / SECRETARY

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

KIMBERLY FRIED 7130 SW 944 ST

Pransagual F1 33917

ARTICLE VII INCORPORATOR	/
The name and address of the Incorporator is:	~ (ce
1/ 0	Chec
Kimberunt	103197
7130 80	1 84H St
**************	4+++++++++++++++++++++++++++++++++++++
	ervice of process for the above stated corporation at the place except the appointment as registered agent and agree to act in this
capacity /	
_ July full	11-10-06
Signature/Regist red Agent	Date
Signature/Incorporator	Date