

PO7000092468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

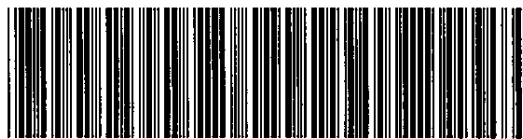
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADULT MANAGEMENT SERVICES INC.

(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

S. JAMES

(Contact Person)

HUTSON GROUP INC

(Firm/Company)

POB 496728

(Address)

PORT CHARLOTTE, FL 33949

(City, State and Zip Code)

For further information concerning this matter, please call:

S. James

(Name of Contact Person)

at ( 941 ) 698-4004

(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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** 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 Certificate of Conversion is:

PASSIONS ESCORTS G 04 054700103  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a DBA  
(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 FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 02/23/2004  
(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:

SARASOTA, FLORIDA

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

ADULT MANAGEMENT SERVICES INC.  
(Enter Name of Florida Profit Corporation)

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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<sup>TH</sup> day of AUGUST, 2007.

Signature: Pat Lacey, AS PRESIDENT  
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Printed Name: PATRICK LACEY Title: PRESIDENT

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**Fees:**

Certificate 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 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I      NAME**

The name of the corporation shall be:

**ADULT MANAGEMENT SERVICES INC.**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3229 BEE RIDGE RD APT #97  
SARASOTA  
FLORIDA 34239

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFULL BUSINESS

### **ARTICLE IV      SHARES**

The number of shares of stock is:

250,000

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

P. LACEY, PRESIDENT  
S. JAMES, SECRETARY

### **ARTICLE VI      REGISTERED AGENT**

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

P. LACEY  
3229 BEE RIDGE RD APT #97  
SARASOTA, FLORIDA 34239

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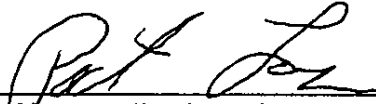
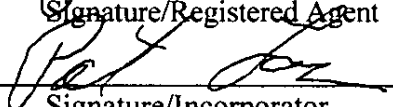
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

P. LACEY  
3229 BEE RIDGE RD APT #97  
SARASOTA, FLORIDA 34239

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

8/10/2007  
Date

8/10/2007  
Date

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