P07000116264	
(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	800110959428
(Business Entity Name) (Document Number)	10/23/0701002025 **122.50
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	A.
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Office Use Only	ORIDA

____.

COVER LETTER

TO: Registration Section Division of Corporations

7Z SUBJECT: (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:



Elizabeth Johnsonat (305), 528-6160 (Name of Contact Person) (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 <u>Certificate of Conversion</u> For <u>"Other Business Entity"</u> 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

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Lizzber Productions, ILC,
(Enter Name of Other Business Entity) / ///ハハハメンタレイ
2. The "Other Business Entity" is a How the company
(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 <u>FIOVIDA</u>
(Enter state, or if a non-U.S. entity, the name of the country)
on <u>AUGUST</u> 39 # 2007 (Enter date "Other Business Entity" was first organized, formed or incorporated)
(Enter date Dusiness Entity was first organized, for med of incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country the the laws of which it is now organized formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of the set of t
Incorporation:

(Enter Name of Florida Profit Corporation)

Page 1 of 2

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; <u>AND</u> 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 day of Signature:

(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)

Ohrefite: Printed Name

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)



Page 2 of 2

ARTICLES OF INCORPORATION

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

NAME ARTICLE I

The name of the corporation shall be: Lizzber: corporation



ARTICLE III PURPOSE The purpose for which the corporation is organized is: Septing products on mu Hiple idebsites.

AM II:

ARTICLE IV SHARES 2 The number of shares of stock is: 2 Hizabeth Sohnson 80 Hary LOU Green 20

List name(s), address(es) and specific title(s): Elizabeth Sohnson, Director, PO BOX 693038 Migni, F133168 May LOU Green, Officer, DO DW146street Migmi, F133168

REGISTERED AGENT ARTICLE VI

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Elizabeth Johnson 19240 1000 32nd Avenue Migmi, Fl 33056

ARTICLE VII INCORPORATOR

. . . .

**

The name and address of the Incorporator is:

nson 1 70

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 4 Signature/Incorporator

Date Date

