P11000087349

(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:				
	ļ			

Office Use Only

G. MCLEOD

OCT - 5 2011

EXAMINER



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SECRETARY OF STATION

COVER LETTER

TO:	Registration Division of C					
	Division of C	Corporations				
SUBJ	ECT: Stefani					
		Name of F	Resulting Florida	Profit Cor	poration	
					, and fees are submitted to cordance with s. 607.1115	
Please	return all corr	espondence concernin	g this matter t	o:		
Stefar	i De La O			<u>.</u>		
		Contact Person				
Stefar	ni De La O Inc	3 .				
		Firm/Company				
555 N	E 15th St., S	te 200				
		Address				
Miami	, FL 33132					
	 	City, State and Zip Code				
stefar E	nidelaoinc@liv -mail address: (to	ve.com be used for future annual r	eport notification	n)		
For fu	rther informati	on concerning this ma	tter, please cal	1:		
Stefa	ni De La O		_at (305	₎ 491	-4544	
	Name of Cor	ntact Person	Area Code	and Dayt	ime Telephone Number	
Enclo	sed is a check t	for the following amou	ınt:			
2 \$10	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fil and Certified 0		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRES	<u>S:</u>			ADDRESS:	
_	ration Section on of Corporat	ions	_	stration sion of C	Section Corporations	
Clifton	n Building		P. O	Box 63	27	
2661 I	Executive Cent	er Circle	Talla	hassee,	FL 32314	

Tallahassee, FL 32301

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 Certificate of Conversion is:	f	
Studio Decorus, LLC		
Enter Name of Other Business Entity		
Enter Name of Outer Dustites Entity		
2. The "Other Business Entity" is a Limited Liability Company	=	
(Enter entity type. Example: limited liability company, limited partnership	OCT	* cipe
general partnership, common law or business trust, etc.)	7	
SS CONTRACTOR OF THE CONTRACTO	ယ	harrier and
first organized, formed or incorporated under the laws of Florida	3	m
(Enter state, or if a non-U.S. entity, the name of the country)		O
on February 10, 2010	<u>ئ</u> ن	
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 which it is now organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation 		
	ration	<u>:</u>
Stefani De La O Inc.		
Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date: October 10, 2011 (The effective date: 1) cannot be prior to nor more than 90 days after the date this docum filed by the Florida Department of State; AND 2) must be the same as the effective date listatched Articles of Incorporation, if an effective date is listed therein.)		
6. The conversion is permitted by the applicable law(s) governing the other business entity and	the	

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the

conversion.

currently organized, formed or incorporated.

Signed this 29 day of September	, 20 <u>11</u>
Required Signature for Florida Profit Corporati Individual signing affirms that the facts stated in this a third degree felony as provided for in s.817.155, F	s document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, O selected, an Incorporator: Printed Name: Stefani De La O Title: I	officer, or, if Directors or Officers have not been
•	Entity: Individual(s) signing affirm(s) that the facts
stated in this document are true. Any false informat	ion constitutes a third degree felony as provided for in
s.817.155, F.S. [See below for required signature(s).]	
Signature: Printed Name: Stefani De La O	Title: Owner
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title
	•
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
If Florida General Partnership or Limited Liabilit	
Signature of one General Partner.	<u>, 1 wi viivi bii pi</u>
If Florida Limited Partnership or Limited Liability	V Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
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)

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

ARTICLE I	NAME	·	
The name of the cor			
ARTICLE II	Stefani De La O Inc.		
	Principal street address		Mailing address, if different is:
	15th St, Ste 200 FL 33132		
ivilaitis,	FL 33132		
	- Managhan		15 1/2 1 1 1 1 1 1 1 1 1
<u>ARTICLE III P</u>			
The purpose for wh	ich the corporation is organized is:		
	<u>SHARES</u>		
The number of share	s of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR e: Stefani De La O, Owner	<u>s</u>	
	1100 Biscayne Blvd., #2805	₹	
Address:	Miami, FL 33132	_ Address:	
		-	
NI 1 TO	,		
Name and 11th	e:		
ridai cos.		_ Address.	
		-	
Name and Titl	e:	Name and Title	
Address:			•
		-	Trapp Bookkeeping, LLC
		_	Trapp bookkeeping, LLC
	REGISTERED AGENT		
The <u>name and Flori</u>	da street address (P.O. Box NOT acceptable) of Irapp Bookkeeping, LLC	the registered age	nt is:
Name: Address:	10 SW South River Drive, #1605		
ruaress.	Miami, FL 33130	.	
A DOTOL D 1777	AND AND AND A	•	
	INCORPORATOR ess of the Incorporator is:		
Name:	Trapp Bookkeeping, LLC	_	
Address:	10 SW South River Drive, #1605 Mlami, FL 33130	•	
	ivilarii, FL 33130	-	
Having been named	as registered agent to accept service of process	for the above sta	ded corporation at the place designated in
this certificate, I am	familiar with and accept the appointment as reg	stered agent and	agree to act in this capacity
(ala-	
		1129	///
Reguire	ed Signature/Registered Agent	/ Date	
l submit this docum	ient and affirm that the facts stated herein are	true. I am aware	that any false information submitted in a
document to the Dep	partment of State constitutes a third degree felong	as provided for i	n s.8]7.155, F.S.
		aln	2/11
		1/00	7/1/
~ ~ Require c	Signature/Incorporator	'' Date	*