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EXAMINER



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# **COVER LETTER**

| TO:                                     | Registration                  |   |   |                        |  |  |
|---|-------------------------------|---|---|------------------------|--|--|
|   | Division of C                 | Corporations                                    |   |                        | <b>∵</b>   |  |
| SUBJ                                    | ECT: Creative                 | e Closet Solutions                              |   |                        |  |  |
|   |                               | Name of F                                       | Resulting Flor                                | ida Profit Cor         | rporation  |  |
|   |                               |   |   |                        | a, and fees are submitted to cordance with s. 607.1115                 |  |
| Please                                  | return all corr               | respondence concernin                           | g this matte                                  | er to:                 |  |  |
| Jasor                                   | Watt                          |   |   |                        |  |  |
|   |                               | Contact Person                                  |   |                        |  |  |
| Crea                                    | tive Closet                   | Solutions                                       |   |                        |  |  |
| *************************************** |                               | Firm/Company                                    |   | <del></del>            |  |  |
| 4702                                    | Armadillo st.                 |   |   |                        |  |  |
|   |                               | Address   |   |                        |  |  |
| Boca                                    | Raton, Florid                 | da 33428  |   |                        |  |  |
|   |                               | City, State and Zip Code                        |   |                        |  |  |
| Jaso                                    | n@creatived                   | closetsolutions.net                             |   |                        |  |  |
| E-                                      | mail address: (to             | be used for future annual r                     | eport notifica                                | tion)                  |  |  |
| For fu                                  | rther informati               | on concerning this ma                           | tter, please                                  | call:                  |  |  |
| Jason                                   | Watt                          |   | _at (_561                                     | 239                    | -5132  |  |
|   | Name of Cor                   | itact Person                                    | Area C  | ode and Dayti          | ime Telephone Number   |  |
| Enclos                                  | sed is a check t              | for the following amou                          | nt:   |                        |  |  |
| <b>5</b> 105                            | 5.00 Filing Fees              | ☑\$113.75 Filing Fees and Certificate of Status | ■\$113.75<br>and Certific                     | Filing Fees<br>ed Copy | □\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |  |
| STREET ADDRESS:                         |                               |   | MAILING ADDRESS:                              |                        |  |  |
| _                                       | ration Section on of Corporat | ions  | Registration Section Division of Corporations |                        |  |  |
|   | Building                      | ions  | P. O. Box 6327                                |                        |  |  |
|   | Executive Cent                | er Circle                                       | Tallahassee, 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: Creative Closet Solutions Enter Name of Other Business Entity 2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: limited liability company, limited partnership 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 March 14/2011 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: Creative Closet Solutions INC. 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Creative Closet Solutions INC. Enter Name of Florida Profit Corporation 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

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the

attached Articles of Incorporation, if an effective date is listed therein.)

conversion.

| Signed this 25th day of          | January  | , 20 12  |                   |  |  |  |  |  |  |  |
|----------------------------------|--|--|-------------------|--|--|--|--|--|--|--|
| Required Signature for Flo       | rida Profit Cornora  | tion.  |                   |  |  |  |  |  |  |  |
| Individual signing affirms the   | at the facts stated in the   | nis document are true. Any false informa   | ation constitutes |  |  |  |  |  |  |  |
| a third degree felony as provi   | Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. |  |                   |  |  |  |  |  |  |  |
| walle angles terony as pro-      | 1  |  |                   |  |  |  |  |  |  |  |
| Signature of Chairman Vice       | Chairman Director  | fficer, or, if Directors or Officers have  | not been          |  |  |  |  |  |  |  |
| selected an Incorporator:        |  | Theor, or, it birectors of officers have   | not been          |  |  |  |  |  |  |  |
| Printed Name: Jason Watt         | Title  | President  |                   |  |  |  |  |  |  |  |
| Timited Name: dason train        | ——————————————————————————————————————   | resident   |                   |  |  |  |  |  |  |  |
| Deguined Signature(s) on hel     | half of Other Busines  | a Tankitan Individual(a) aiamina affirm(a)   | that the foots    |  |  |  |  |  |  |  |
|                                  |  | s Entity: Individual(s) signing affirm(s)  |                   |  |  |  |  |  |  |  |
|                                  |  | tion constitutes a third degree felony as  | provided for in   |  |  |  |  |  |  |  |
| s.817.155, F.S. [See below for   | r required signature(s).   | J  |                   |  |  |  |  |  |  |  |
| G:                               | // // <del>//</del>  |  |                   |  |  |  |  |  |  |  |
| Signature:                       | <u>-/-/4/6/40</u>  | mul -  |                   |  |  |  |  |  |  |  |
| Printed Name: Jason Watt         | <del>/</del>   | Title: President   |                   |  |  |  |  |  |  |  |
| C:tune                           |  |  |                   |  |  |  |  |  |  |  |
| Signature:                       |  | m'.1   |                   |  |  |  |  |  |  |  |
| Printed Name:                    |  | Title:   |                   |  |  |  |  |  |  |  |
| Ciamatum                         |  |  |                   |  |  |  |  |  |  |  |
| District Name of                 |  | Title:   |                   |  |  |  |  |  |  |  |
| Printed Name:                    |  | 1 itle:  |                   |  |  |  |  |  |  |  |
| Ciamatura                        |  |  |                   |  |  |  |  |  |  |  |
| Signature:                       |  | Mrs.1  |                   |  |  |  |  |  |  |  |
| Printed Name:                    |  | _ Title:   |                   |  |  |  |  |  |  |  |
| 6'                               |  |  |                   |  |  |  |  |  |  |  |
| Signature:                       |  | The state of the s |                   |  |  |  |  |  |  |  |
| Printed Name:                    |  | _ Title:   |                   |  |  |  |  |  |  |  |
| G'                               |  |  |                   |  |  |  |  |  |  |  |
| Signature:                       |  | m: 1   |                   |  |  |  |  |  |  |  |
| Printed Name:                    |  | _ Title:   |                   |  |  |  |  |  |  |  |
| If Florida Community             |  |  |                   |  |  |  |  |  |  |  |
| If Florida General Partnersh     |  | ty Partnership:  | ٠                 |  |  |  |  |  |  |  |
| Signature of one General Partn   | ier.   |  |                   |  |  |  |  |  |  |  |
| If Florida Limited Partnersh     | in ou I imited I inhilit   | - 1 imited Destruction   |                   |  |  |  |  |  |  |  |
| Signatures of ALL General Pa     | ib of Limited Liabilit   | y Limited Partnership:   |                   |  |  |  |  |  |  |  |
| Signatures of ALL General 1 a    | iuicis.  |  |                   |  |  |  |  |  |  |  |
| If Florida Limited Liability (   | ~ompony.   |  |                   |  |  |  |  |  |  |  |
| Signature of a Member or Auth    |  |  |                   |  |  |  |  |  |  |  |
| Signature of a Member of Add     | ionzed representative  | •  |                   |  |  |  |  |  |  |  |
| All others:                      |  |  |                   |  |  |  |  |  |  |  |
| Signature of an authorized pers  | son  |  |                   |  |  |  |  |  |  |  |
| Signature of all authorized pers | son.   |  |                   |  |  |  |  |  |  |  |
| Face:                            |  |  |                   |  |  |  |  |  |  |  |
| Fees:<br>Certificate of Convers  | ian.   | £25.00   |                   |  |  |  |  |  |  |  |
|                                  |  | \$35.00  |                   |  |  |  |  |  |  |  |
| Fees for Florida Articl          | les 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 The name of the cor                  | NAME<br>poration shall be: Creative   | Closet Solutions Inc   | <b>\</b>    |
|--|---|--|-------------|
|  | PRINCIPAL OFFICE  |  | •           |
|  | Principal street address  | Mailing address, if different is:  |             |
| 4702 Arma                                      |   |  |             |
| Boca Raton,                                    | Florida 33428   |  |             |
|  |   |  |             |
| 4 D. W. C. |   |  |             |
| ARTICLE III P                                  |   |  |             |
| The purpose for wh                             | ich the corporation is organized is:  |  |             |
| The number of share                            | SHARES s of stock is: 1   | al Corporati   | on          |
|  | INITIAL OFFICERS AND/OR DIR   |  |             |
| Name and Titl<br>Address:                      |   | Name and Title:  | L' /2 /2 /2 |
| Address:                                       | 4702 Armadillo st.<br>Boca Raton, Fl 33428  | Address:   |             |
|  | 5008 (1807), 11 50725   |  |             |
| Name and Titl                                  | e:  | Name and Title:  |             |
| Address:                                       |   | Address:   |             |
|  |   |  | <del></del> |
| Name and Titl<br>Address:                      | e:  |  |             |
|  |   | Jason Watt   |             |
| ARTICLE VI R                                   | REGISTERED AGENT  |  |             |
|  | da street address (P.O. Box NOT acce  | ntable) of the registered agent is:  |             |
| Name:  | Jason Watt  | Finally of the regional against in   |             |
| Address:                                       | 4702 Armaditlo st.  |  |             |
|  | Boca Raton, FL 33428  |  |             |
| 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6        |   |  |             |
| ARTICLE VII I                                  |   |  |             |
|  | ess of the Incorporator is:   |  |             |
| Name:<br>Address:                              | Jason Watt<br>4702 Armadillo st.  |  |             |
| Address.                                       | Boca Raton, FL 33428  |  |             |
| Having been named<br>this certificate, I am    | as registered agent to accept service o   | f process for the above stated corporation at the place dent as registered agent and agree to act in this capacity | signated in |
|  | /1. 1. 1. nH  | 1/25/2012  |             |
| Daguis   | d Simplim / Registered A  | 1/25/2012  |             |
| Kequire  | d Signature/Registered Agent  | Date   |             |
| I submit this document to the Dep              | ent and affirm that the facts stated her<br>artment of State constitutes a third degi | rein are true. I am aware that any false information sui<br>ree felony as provided for in s.817.155, F.S.          | mitted in a |
|  | 1. W 1200   | 1/25/2012  |             |
| Required                                       | Signature/Incorporator  | Date   |             |