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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Favorite Studios, 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:
Karen Favorite Levry Favorite Photography, LLC (Favorite Studios, Inc.) Firm/Company
1117 Chokee Pl Address
St Augustine FL 32092 - 3459 City, State and Zip Code
Karen favorite@me.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 219-8030 Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$105.00 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certificate of Status □ \$122.50 Filing Fees. Certified Copy, and Certificate of Status
CTDEET ADDDECC. MAILING ADDDECC.

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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED'

12 APR - 5 AM 10: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:
Jerry Favorite Photography LLC Enter Name of Other Business Entity *L08000058026
2. The "Other Business Entity" is a <u>limited liability Company</u> (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 Floric of (Enter state, or if a non-U.S. entity, the name of the country)
on
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:
NA.
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Favorite Studios, Inc. Enter Name of Florida Profit Corporation
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 attached 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 conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion

Page 1 of 2

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

currently organized, formed or incorporated.

Signed this 4th day of April	, 20 2.				
Required Signature for Florida Profit Corporat Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, h	is document are true. Any false information constitutes				
Signature of Chairman, Vice Chairman, Director eselected, an Incorporator: Printed Name: Gerald Beaverite Title:	Afficer, or if Directors or Officers have not been Owner (MGRM)				
stated in this document are true. Any false information s.817.155, F.S. [See below for required signature(s).]	•				
Signature: Karen Favori Fe	Title: Manager				
Signature:Printed Name:	Title:				
Signature: Printed Name:	Title:				
Signature:Printed Name:					
Signature:Printed Name:	_ Title:				
Signature:Printed Name:	_ Title;				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL 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)

		-	I ILED
ARTICLE I NAME The name of the corporation shall	be: Favorite	Studios, Ir	
ARTICLE II PRINCIPAL	OFFICE		SEURETAKT OF STATE ng address, Address SEE, FLORIDA
Principal	street address	Mailir	ng address, it differend is EE, FLORIDA
St August	ine FL 32092	-345 9	- TEMIDA
			and the strategy
The purpose for which the corpo	ration is arganized is:	· - 1' . 7	alaia Til da
All 1	ration is organized is.	inting, Des	sign. Photogra Florida.
All legal bu	siness in th	ie state of	Horida.
ARTICLE IV SHARES The number of shares of stock is:	100		
	FICERS AND/OR DIREC		
Name and Title: Address:	rald B Favorite	Name and Title:	
Address.	Presider 7 Chokee PL	Address.	
5t-	Augustine FL 3	37092	A STATE OF THE STA
Name and Title:	.,, , ,, , , , , , , , , , , , , , , ,	Name and Title:	
Address:		Address:	
4			1 10 10 10 10 10 10 10 10 10 10 10 10 10
Address:	, , , , , , , , , , , , , , , , , , ,	Address:	
			111111111111111111111111111111111111111
ARTICLE VI REGISTER			
The <u>name and Florida street add</u>	Iress (P.O. Box NOT acceptal		
Address:	7 Chokeo PL		
<u> </u>	Augustine FL	3209z	
ARTICLE VII INCORPOR			
The <u>name and address</u> of the Inc Name:	aren Favorite		
Address:	aren Favorite 7 Chokoo PL Augustine FL 3	22.00.2	
this certificate, I am familiar with			orporation at the place designated in to act in this capacity
No.	\mathcal{O}		
Pariting Simulation	Registered Agent	<u>4/4//</u>	
		Date	
I submit this document and affir document to the Department of S			any false information submitted in a
- Legarinea of the Department of S	mic constitutes a mira aegree	jeiong us promueu jor in siot	77204 2 101