P13000027625

(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:				
W13-1	3134			

Office Use Only



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SECRETARY OF STATE
AND THE PROPERTY OF STATE

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COVER LETTER

TO: Charter Section Of Control of			,
SUBJECT:	onceptua	1 Ideas	3-6-5 /no
	Name of Resultin	g Florida Profit Corporatio	n
			and fees are submitted to tion" in accordance with s
Please return all corr	respondence concerning	g this matter to:	
Belinda	Les ter		
Concepti	rim/Company	as 3-6-5	
406 NI	V Thave Address	2	
Boynton	Beach F City, State and Zip Code	<u>L 33435</u>	—
Conceptua E-mail address: (to	Lideas O be used for future annual r	hotmail. Co, eport notification)	Y
For further informati	ion concerning this ma	tter, please call:	
Belinda Name of Con	LESTEY ntact Person	at (56/) 35 Area Code and Dayti	me Telephone Number
Enclosed is a check	for the following amou	int:	
\$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 ADDRES Charter Section Division of Corpora	_	MAILING A Charter Secti Division of C	on
Clifton Building		P. O. Box 632	27
2661 Executive Cen	ter Circle	Tallahassee 1	FL 37314

Tallahassee, FL 32301



March 5, 2013

BELINDA LESTER 406 NW 7TH AVE BOYNTON BEACH, FL 33435

SUBJECT: CONCEPTUAL IDEAS 3-6-5 LLC

Ref. Number: W13000013134

We have received your document for CONCEPTUAL IDEAS 3-6-5 LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 613A00005237

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

13 MAR 22 PM 3: 09

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:
Conceptual Ideas 3-6-5 LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a //m/tcd //abj//ty/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
(Enter state, or if a non-U.S. entity, the name of the country)
on June 29 3006
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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of
Incorporation: Conceptual Ideas 3-6-5 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 attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 27 day of Februar	y ,20/3	FILED			
Required Signature for Florida Profit Corporat		MAR 22 PM 3: 09			
Signature of Chairman, Vice Chairman, Director, C been selected, an Incorporator: Delivera Printed Name: Delivera Lester Title:	Officer of if Directors or Office SE	RETARY OF STATE ANGASSEE FLORIDA			
Required Signature(s) on behalf of Other Business signature(s).] Signature: Defined Victor	•				
Printed Name: Belinda Lester	Title: CED				
Signature:Printed Name:					
Printed Name:	Little:				
Signature: Printed Name:	Title:				
Signature:Printed Name:					
Printed Name:	_ Title:				
Signature: Printed Name:	Title:				
Signature:	Tal				
Printed Name:	Title:				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:				
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

FILED

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

13 HAR 22 PM 3: 09 onceptual Ideas 3-6 SECRETARY OF STATE
TALLAHASSEE FLORIDA ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ester, CEO Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address:

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	FILED			
Name: Belinda Lester	13 MAR 22 PM 3: 09			
Address: 401 Lantana Rd #12 Lantana, FC 33462	SECRETARY OF STATE TALLAHASSEE FLORIDA			
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 A				
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature Incorporator Date				