

P13000036769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

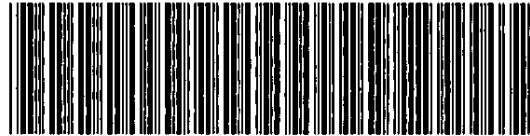
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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13 APR 23 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 23 2013
J. Shivers

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Found My Paradise, 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:

Lori Vajda

Contact Person

Found My Paradise

Firm/Company

3900 Galt Ocean Dr #1802

Address

Fort Lauderdale, FL 33308

City, State and Zip Code

lorivajda@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Vajda

Name of Contact Person

at (754) 273-7871

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:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** 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:

Found My Paradise LLC

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 **7/16/2012**

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:**

Found My Paradise 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.)

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Signed this 17 day of April, 2013.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Lori Vajda

Printed Name: Lori Vajda

Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Lori Vajda

Printed Name: Lori Vajda

Title: President

Signature: JV

Printed Name: Joshua Vajda

Title: Vice President

Signature: _____

Printed Name: _____

Title: _____

Signature: _____

Printed Name: _____

Title: _____

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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME Found My Paradise Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

3900 Galt Ocean Dr #1802

Fort Lauderdale, FL 33308

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful purposes.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori Vajda, President
Address: 3900 Galt Ocean Dr #1802
Fort Lauderdale, FL 33308

Name and Title: Katherine Koenig, VP and Treasurer
Address: 2621 N ATLANTIC BLVD
FT LAUDERDALE, FL 33308

Name and Title: _____
Address: _____

Name and Title: Joshua Vajda, Vice President
Address: 3900 Galt Ocean Dr #1802
Fort Lauderdale, FL 33308

Name and Title: Justin Koenig, VP and Treasurer
Address: 2621 N ATLANTIC BLVD
FT LAUDERDALE, FL 33308

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lori Vajda
Address: 3900 Galt Ocean Dr #1802
Fort Lauderdale, FL 33308

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

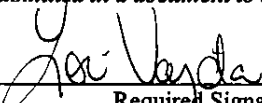
Name: Lori Vajda
Address: 3900 Galt Ocean Dr #1802
Fort Lauderdale, FL 33308

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


Required Signature/Registered Agent

4/17/13
Date

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

4/17/13
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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