# 7/300004/550

(Requestor's Name)
(Address)
,
(Address)
(O's (O) 4 77 y (O) 5 y 5 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



900247017829

04/22/13~-01025~-097 \*\*105.00

Office Use Only

W13-23861



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2013

SCOTT R. GROVER 686 N.W. 164TH AVE. PEMBROKE PINES, FL 33028

SUBJECT: SKIZVILLE INC. Ref. Number: W13000023861

13 MAY -8 PM 3: 38

We have received your document for SKIZVILLE INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list "LLC" or "INC." in the appropriate blanks when listing the Entity's Name.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 313A00009796

#### **COVER LETTER**

TO:	Charter Section Division of C			•
CLIDA	<sub>ECT:</sub> Skizv	•		
SOBJI	ECT:	Name of Resultin	ig Florida Profit Corpo	ration
conver			-	cion, and fees are submitted to coration" in accordance with s
Please	return all corre	espondence concerning	g this matter to:	·
Sco	tt R. Gro	ver		
	•	Contact Person		
Skiz	zville			
		Firm/Company		
686	N.W. 16	4th Ave		
		Address		
Pen	nbroke P	ines, FL. 330	28	
	C	ity, State and Zip Code		
_	_	rocketmail.co		
	·	on concerning this ma	•	
_	tt R. Gro	_	05/	430-7012
	Name of Con		_at ()_	Daytime Telephone Number
Enclos	sed is a check f	or the following amou	ınt:	
<b>2</b> \$105	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fe and Certified Copy	es \$\Bigcup\$\$\\$122.50\$ Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRES	<u>S:</u>	MAILIN	G ADDRESS:
Charte	r Section		Charter S	ection

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

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

#### 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" ir of Conversion is:	nmediately prior to the filing of this Certificate
Skizville //	(209-39299) ther Business Entity
Enter Name of O	ther Business Entity
2. The "Other Business Entity" is a Limite (Enter entity type. Example: limited	ed Liability Company
(Enter entity type. Example: limited general partnership, comm	d liability company, limited partnership, non law or business trust, etc.)
first organized formed or incorporated under t	the laws of Florida
first organized, formed or incorporated under the (Enter state, or if a non-U.S.	entity, the name of the country)
05/05/2009	
Enter date "Other Business Entity" wa	as first organized, formed or incorporated
3. If the jurisdiction of the "Other Business E the laws of which it is now organized, formed Florida	
4. The name of the Florida Profit Corporation  Incorporation:  Skizville	
Skizville M. Enter Name of Flor	rida Profit Corporation
5. If not effective on the date of filing, enter t (The effective date: 1) cannot be prior to no document is filed by the Florida Department	he effective date: or more than 90 days after the date this

Page 1 of 2

Signed this 1	day of April	, 20 <u>13</u>	.•		
Required Signature for Florida Profit Corporation:					
Signature of C been selected Printed Name	Chairman, Vice Chairman, Director Co., an Incorporator:  Scott Grover  Title:	Officer, or, if Directors or Office	ers have	e not	
signature(s).]					,
Signature:	Scott Parover	Tid 0 (77)	<del></del>	-	
Printed Name	Scott JEGVOVEY	_ litle:(\( \sum_{\infty} \)	<del></del>	-	
Signature:	<i>A</i>			_	
Printed Name		Title:		_	
Signature:					
Printed Name		_ Title:		<b>.</b> -	
Signature:		Tida:		-	
Printed Name		_ mue:		-	
Signature:		-11		_	
Printed Name					
Signature:					•
Printed Name		Title:		<del>-</del> -	
	neral Partnership or Limited Liabilit ne General Partner.	y Partnership:			
	<u>nited Partnership or Limited Liabilit ALL</u> General Partners.	y Limited Partnership:			
	nited Liability Company: Member or Authorized Representative				
All others: Signature of a	n authorized person.		1		
-			SE ALI	겂	
Fees:	icate of Conversion:	\$35.00	<b>⊅</b> :7:		77.15.4
	or Florida Articles of Incorporation:	\$70.00	Z 25	1	Charles.
	ied Copy:	\$8.75 (Optional)	SE	φ	
	icate of Status:	\$8.75 (Optional)	E C	꺘	
		, ,		Ň	Elia same
Page 2 of 2					"CS quarter"

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

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing ad	ddress, if different is:
686 NW 164th Ave		
Pembroke Pines, Fl. 33028		·
ARTICLE III PURPOSE  The purpose for which the corporation is organized  VAPULO DESIGN		
ARTICLE IV SHARES 100		SECRET
ARTICLE V INITIAL OFFICERS AND/O	OR DIRECTORS	ASSE ANN ANN ANN ANN ANN ANN ANN ANN ANN AN
Name and Title:	Name and Title:	Ec. P.
Address:		ORIDA ORIDA
Name and Title:		
Address:	• •	<del></del> ,
Name and Title:	Name and Title:	
Address:	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No. 10 144 / 10 144	OT acceptable) of the registered agent is:	

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Jooth Grover	
Address: 686 19 1644 Are	
Pembroke Pines, FL 33028	
************************	****
Having been named as registered agent to accept service of process for the above s designated in this certificate, I am familiar with and accept the appointment as registered.	
capacity	
J. Day	4/18/2013
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am awa submitted in a document to the Department of State constitutes a third degree felony as p	
J. Orace	4/18/2013
Required Signature/Incorporator	Date

13 MAY -8 PH 2: 57