

PI3000072682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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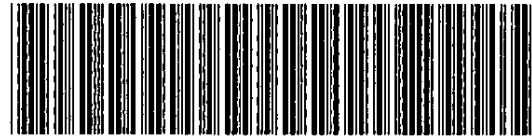
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG 26 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/4/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Party Food Catering Company, 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:

Gina McDowell

Contact Person

Party Food Catering Company, Inc.

Firm/Company

1373 Cottonwood Circle

Address

Weston, FL 33326

City, State and Zip Code

party food catering company@gmd11.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina McDowell

Name of Contact Person

at (754) 244-5970

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

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

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13 AUG 26 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Party Food Catering Company, LLC

L13000105354

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 July 25, 2013
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:**

Party Food Catering Company, 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 21st day of August, 20 13

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Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: X [Signature]

Printed Name: Gina M. McDowell Title: President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Signature: X [Signature]
Printed Name: Gina M. McDowell Title: President

Signature: X [Signature]
Printed Name: Justin E. Strohauser 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)

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Party Food Catering Company, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal street address

Mailing address, if different is:

1373 Cottonwood Circle

Weston, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gina M. McDowell-Pres

Name and Title: Justin E. Strohauer-VP

Address: 1373 Cottonwood Circle

Address: 1373 Cottonwood Circle

Weston, FL 33326

Weston, FL 33326

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: Gina M. McDowell

Address: 1373 Cottonwood Circle

Weston, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gina M. McDowell
Address: 1373 Cottonwood Circle
Weston, FL 33326

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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

x 
Required Signature/Registered Agent

x 8/22/13
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.

x 
Required Signature/Incorporator

x 8/22/13
Date