

P14000023283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

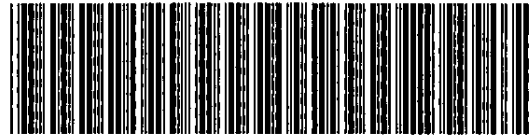
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 14 PM 3:14

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3/14/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2014

DALE HALLGREN
6268 FOXFIRE LANE
FT. MYERS, FL 33912

SUBJECT: SHADES OF THE TROPICS, LLC
Ref. Number: L11000055242

RECEIVED
14 MAR 14 AM 10:07
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

We have received your document for SHADES OF THE TROPICS, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 114A00004600

114A00004600
P14000023283

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

ARTICLE I NAME

The name of the corporation shall be: Shades of the Tropics, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

6268 Foxfire Lane

Fort Myers, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Shades of the Tropics is a perpetual for profit organization that values community. We strive to give excellent
quality products & services, upholding the desire to make people feel significant

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dale Hallgren (Officer)

Name and Title: _____

Address: 6268 Foxfire Lane

Address: _____

Fort Myers, FL 33912

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: Cynthia Hallgren

Address: 6268 Foxfire Lane

Fort Myers, FL 33912

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 11 PM 3:14

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dale Hallgren
Address: 6268 Foxfire Lane
Fort Myers, FL 33912

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

Cynthia Hallgren
Required Signature/Registered Agent

2/7/2014
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.

[Signature]
Required Signature/Incorporator

2/7/2014
Date

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:

Shades of the Tropics, 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 **05/10/2011**

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:**

Shades of the Tropics, Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **2/7/2014**

(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 7 day of February, 2014.

Required Signature for Florida Profit Corporation:

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

Printed Name: Dale Hallgren

Title: Officer

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

Signature: _____

Printed Name: _____

Dale Hallgren

Title: Owner

Signature: _____

Printed Name: _____

Title: _____

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)

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Shades of the Tropics, 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:

Dale Hallgren

Contact Person

Shades of the Tropics, LLC

Firm/Company

6268 Foxfire Lane

Address

Fort Myers, FL 33912

City, State and Zip Code

shadesofthetropics@gmail.com

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

For further information concerning this matter, please call:

Dale Hallgren

Name of Contact Person

at (239) 229-3510

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Shades of the Tropics, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

6268 Foxfire Lane

Fort Myers, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Shades of the Tropics is a perpetual for profit organization that values community. We strive to give excellent

quality products & services, upholding the desire to make people feel significant.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dale Hallgren (Officer)

Name and Title: _____

Address: 6268 Foxfire Lane

Address: _____

Fort Myers, FL 33912

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: Cynthia Hallgren

Address: 6268 Foxfire Lane

Fort Myers, FL 33912

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dale Hallgren
Address: 6268 Foxfire Lane
Fort Myers, FL 33912

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

Cynthia Hallgren
Required Signature/Registered Agent

2/7/2014
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.

[Signature]
Required Signature/Incorporator

2/7/2014
Date

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

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1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Shades of the Tropics

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 05/10/2011
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:**

Shades of the Tropics, Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 2/7/2014
(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 7 day of February, 2014.

Required Signature for Florida Profit Corporation:

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

Printed Name: Dale Hallgren Title: Officer

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

Signature: _____

Printed Name: Dale Hallgren Title: Owner

Signature: _____

Printed Name: _____ Title: _____

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)