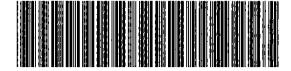
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(Requestor's Name)		
(Address)		
(Address)		
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(54	omoco zmity mai	,
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	riing Oncer.	

Office Use Only



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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

4 JUL -2 PM 1:



#### **COVER LETTER**

TO: Charter Section Division of Corporations		
SUBJECT: PUSSYCA+ Corporation  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:		
Melocy E. Cobbe		
Cabbe Law		
Firm/Company		
2385 N.W. Executive Center Drive		
Boca Raton, FL 33431  City, State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Melody Cobbe at (561) 981-6216  Name of Contact Person Area Code and Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$105.00 Filing Fees and Certificate of Status  \$\begin{array}{c} \\$\\$113.75 Filing Fees and Certified Copy \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314		

Tailahassee, FL 32301

APPROVEL AND FILED

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

#### Florida Profit Corporation

14 JUL -2 PH 1:30

SECRETARY OF STATE TALL AHASSEE, 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:
Sweet 16 Rides, LLC - 414 000052308
Enter Name of Other Business Entity
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-IIS, entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on
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 <u>attached Articles of Incorporation:</u> PUSSYCAT Corporation.
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.)

1,	APPROVEL
H	AND FILED FILED , 20 1 4 JUL -2 PM 1: 30
Signed this 15 day of June	2014
Signed this P day of	7/ III 2 Du
Required Signature for Florida Profit Corporat	ion: - 14 JUL - 2 PM 1: 30
Signature of Chairman, Vice Chairman, Director, C	Officer or Director aldred freeze have not
been selected an Incorporator	
been selected, an Incorporator:  Printed Name: Alberto terdomo Title:	President
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).]	•
100	
Signature:	
Signature: Alberto terdomo	_Title: <u>Nember</u>
Signature:Printed Name:	
Printed Name:	_ Title:
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Signature: Printed Name:	Tid
Printed Name.	Tittle:
Signature	
Signature:Printed Name:	Title:
Timod Italio,	
Signature:	
Printed Name:	_ Title:
\ :	
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit	y Partnership:
Signature of one General Partner.	
TO THE SELECTION OF THE CONTRACT OF THE CONTRA	7. 4. ID 4. IV
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	
Signatures of ALL Ocheral Partiters.	
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) 2 PM 1: 30

The name of the corporation shall be: USSUCA	t Corporation SECRETARY OF STATE
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
4744 S. Ocean Blvd, +10	P.O. BOX 633
Highland Beach, FL 334	P.O. BOX 633 BOCA RATON, FZ 33429
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
any and all lawful	pulpose
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CCTORS
Name and Title: Albert, Perdomo, Pr	esident Name and Title:
114 dd c a 11 1'	Address:
Highland Beach, FL 33	487
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 accept	able) of the registered agent is:
Name: Cobbe Law	
Address: 2385 NW Executive	Center Drive
Boca Roton Fl. 33	

ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ERdomo 14 JUL -2 PM 1:30 Name: OCEAN BLVd. #10 SECRETARY OF STATE TALLAHASSEE FLORIDA Address: BEACH, FL 33487 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 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