

P4000075913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

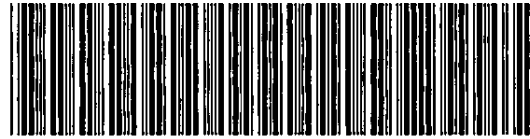
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000253985950

11/26/13--01016--021 \*\*510.00

FILED  
14 SEP 12 PM 2:23  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

11/12-15520

umd 9/15

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Anchor Bay Enterprises, 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:

Millie Smith

Contact Person

Anchor Bay Enterprises, Inc

Firm/Company

9409 Oak Street

Address

Riverview, FL 33578

City, State and Zip Code

Millie@Millie-Smith.com

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

For further information concerning this matter, please call:

Millie Smith

Name of Contact Person

at (727) 798 9848

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

*\$s were sent previously*

☐ \$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:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 27, 2013

JOHN LAWLESS, ESQ.  
LAW OFFICE OF GRANT WHITWORTH  
14502 N. DALE MABRY HWY., #200  
TAMPA, FL 33618

SUBJECT: ANCHOR BAY ENTERPRISES, INC.  
Ref. Number: W13000065520

We have received your document for ANCHOR BAY ENTERPRISES, INC. and your check(s) totaling \$510.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00027338



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2014

MILLIE SMITH  
ANCHOR BAY ENTERPRISES, INC.  
9409 OAK STREET  
RIVERVIEW, FL 33578

SUBJECT: ANCHOR BAY ENTERPRISES, INC.  
Ref. Number: W13000065520

We have received your document for ANCHOR BAY ENTERPRISES, INC. and your check(s) totaling \$510.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00027338

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

FILED  
14 SEP 12 PM 2:23  
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:

**Anchor Bay Enterprises, Inc.**

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **Corporation**  
(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 **Nevada**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **November 13, 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:

**NA**

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

**Anchor Bay Enterprises, 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 4th day of November, 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: \_\_\_\_\_

Printed Name: Millie Smith Title: President

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

Signature: \_\_\_\_\_

Printed Name: Millie Smith Title: President

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)

**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: Anchor Bay Enterprises, Inc

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

9409 Oak Street  
Riverview, FL 33578

**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: 75000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Millie Smith, Pres

Name and Title: \_\_\_\_\_

Address: 9409 Oak Street  
Riverview, FL 33578

Address: \_\_\_\_\_

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: Millie Smith

Address: 9409 Oak Street  
Riverview, FL 33578

FILED  
14 SEP 12 PM 2:23  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Millie Smith  
Address: 9409 Oak Street  
Riverview, FL 33578

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation as the office designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Millie Smith  
Required Signature/Registered Agent

11/4/13  
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.*

Millie Smith  
Required Signature/Incorporator

11/4/13  
Date

FILED  
14 SEP 12 PM 3:03  
CLERK OF CIRCUIT  
JAIL MASS. FLORIDA