

PK1000087365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

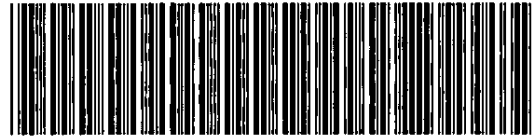
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/27

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: **NOVU, 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:

RYAN DOTY

Contact Person

NOVU, INC

Firm/Company

PO BOX 164214

Address

MIAMI, FL 33116

City, State and Zip Code

NOVUINC@GMAIL.COM

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

For further information concerning this matter, please call:

RYAN DOTY

Name of Contact Person

at **(239) 6340636**

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:

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

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

FILED
14 OCT 24 PM 4:47
STATE OF FLORIDA
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:

NOVU, LLC

Enter Name of Other Business Entity

L13020(3700)

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 **09/27/2013**
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:**

NOVU, INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **JANUARY 1 2015**
(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 October, 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: Ryan Doty

Printed Name: Ryan Doty Title: President

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

Signature: Ryan Doty
Printed Name: Ryan Doty Title: Sole Proprietor

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: **NOVU, INC**

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:

Principal street address

350 NE 18TH AVE APT 208
HOMESTEAD, FL 33033

Mailing address, if different is:

PO BOX 164214
MIAMI, FL 33116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH CORPORATIONS
MAY BE INCORPORATED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES
The number of shares of stock is: **100,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RYAN DOTY DPT**
Address: **PO BOX 164214**
MIAMI, FL 33116

Name and Title: **ERIKA TORRES VP**
Address: **29122 SW 157 RD**
HOMESTEAD, FL 33033

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: **RYAN DOTY**
Address: **350 NE 18TH AVE APT 208**
HOMESTEAD, FL 33033

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TALLAHASSEE, FLORIDA
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RYAN DOTY
Address: PO BOX 164214
MIAMI, FL 33116

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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


Required Signature/Registered Agent

OCTOBER 21, 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.


Required Signature/Incorporator

OCTOBER 21, 2014

Date