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(Re	equestor's Name)	
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(Cli	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
•	,	•
(De	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

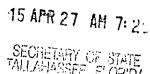
Division of Co	rporations				
SUBJECT: The Renaise	sance Creatives, Inc.				
Sebbeci.	Name of	Resulting Florida	Profit	Corporation	
	te of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert a 15, F.S.	ın "Other Business
Please return all corres	pondence concerning this	s matter to:			
Zachary Gracius					
	Contact Person		-		
	Firm/Company		-		
P.O. Box 1054					
	Address		_		
Lake Worth, FL 33460			_		
	City, State and Zip Code	e			
zgracius@gmail.com					
E-mail address: (to be used for future annu	ual report notifica	ation)		
For further information	concerning this matter,	please call:	•		
Zachary Gracius		_at (255-90	014	
Name of C	ontact Person	Area C	ode and	Daytime Telephone Numbe	:r
Enclosed is a check for	the following amount:				
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filir and Certified C		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ns Circle		New F Division P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314	



Certificate of Conversion For

"Other Business Entity"
Into

Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Knight and Gale, LLC — 11500005079/
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
(Enter state, or if a non-U.S. entity, the name of the country)
03/20/2015 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 Floride Profit Corporation as set forth in the attached Articles of Incorporation:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
The Renaissance Creatives, 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 Florid Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation

Signed this day of April	, 20	ALED
Required Signature for Florida Profit (
	Prector, Officer, or, if Directors or Officers have	SPARITURAL CONTRACTOR
Incorporator: Vice Chairman, D	rector, Officer, or, it Directors or Officers nav	ve not deen-selected; an J- STATE
Printed Name: Meagan Sunn T	itle: President	
Required Signature(s) on behalf of Oth	er Business Entity: [See below for required s	signature(s).]
Signature:	<u> </u>	
Printed Name: Zachary Gracius	Title: President	
Signatuke:		
Printed Name: Meagan Sunn	Title: Manager	
Signature:		
Printed Name:	Títle:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	*
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limi Signature of one General Partner.	ted Liability Partnership:	
If Florida Limited Partnership or Limi Signatures of ALL General Partners.	ted Liability Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Rep	presentative.	
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorr	\$35.00 poration: \$70.00	

Page 2 of 2

\$8.75 (Optional) \$8.75 (Optional)

Certified Copy: Certificate of Status:



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 15 APR 27 AM 7: 20

The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address ARTICLE III PURPOSE The purpose for which the corporation is organized is: Music Production, Graphic Design and Merchandising	ETAPY OF STA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different P.O. Box 1054 Lake Worth, FL 33460 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Principal street address 608 N. K, Street Lake Worth, FL 33460 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	is:
Lake Worth, FL 33460 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
The purpose for which the corporation is organized is:	
	
ARTICLE IV SHARES 2,000	
The number of shares of stock is: 2,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title:	
Address: 7550 Oak Grove Circle Address:	
Lake Worth, FL 33460 Lake Worth, FL 33467	
Name and Title: Name and Title:	
Address: Address:	
Name and Title:Name and Title:	
Address: Address:	

A DOMO		APPROVED	
The name	LE VI REGISTERED AGENT e and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:	
Name:	Zachary Gracius	15 APR 27 AM 7: 20	
Address:	608 N. K Street		
	Lake Worth, FL 33460	SECRETARY OF STATE TALLAHASSEE PLORIDA	
ARTICI The name	LE VII INCORPORATOR e and address of the Incorporator is:		
Name:	Meagan Sunn		
Address:	7550 Oak Grove Circle		
	Lake Worth, FL 33467		
	ficate, I am familiar with and accept the appointment a	04/24/2015	d in
	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herein a at to the Department of State constitutes a third degree f	re true. I am aware that any false information submitted elony as provided for in s.817.155, F.S.	in a
	ma	04/24/2015	
	Required Signature/Incorporator	Date	