

P15000048999

(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:

WHS-32928

Office Use Only



900272546569

05/04/15--01050--009 \*\*105.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -2 AM 7:47

APPROVAL  
AND  
FILED

1/1

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Urban Transformers, 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:

Louise James  
Contact Person

Same  
Firm/Company

23938 Sardinia Dr.  
Address

Sorrento, FL 32776  
City, State and Zip Code

i3raindead@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louise James at (386) 717-8092  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2015

LOUIS JAMES  
23938 SARDINIA DR.  
SORRENTO, FL 32776

SUBJECT: URBAN TRANSFORMERS, INC  
Ref. Number: W15000032928

We have received your document for URBAN TRANSFORMERS, INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 115A00009734

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**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

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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:

Urban Transformers, Inc.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a

corporation F14-2454

(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

4/18/14

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:

N/A

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

Urban Transformers, 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 ...

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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 29 day of April, 2015.

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AND  
FILED

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Joseph Loguidice CPA

Printed Name: JOSEPH LOGUIDICE CPA

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~~SECRETARY OF STATE~~  
TALLAHASSEE, FLORIDA

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

Signature: Louise James

Printed Name: Louise James 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: Urban Transformers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

23938 Sardinia Dr.  
Sorrento, Fl 32776

N/A

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

investments

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TALLAHASSEE FL 32304

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**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title:	<u>Louise James pres</u>	Name and Title:	<u>James James VP</u>
Address:	<u>23938 Sardinia Dr</u> <u>Sorrento, Fl 32776</u>	Address:	<u>23938 Sardinia Dr.</u> <u>Sorrento, Fl 32776</u>

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: Joseph Loguidice CPA  
Address: 1515 A Ridgewood Ave  
Holly Hill, FL 32117

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Joseph Loguidice CPA  
Address: 1515 A Ridgewood Ave.  
Holly Hill, FL 32117

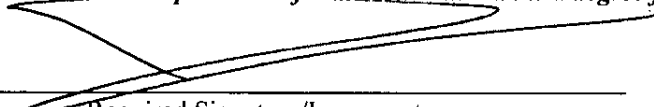
\*\*\*\*\*

*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

4/29/15  
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

4/29/15  
Date