P16000004374

(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:
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DEPARTMENT OF STATE

01-19-16

COVER LETTER

TO: Charter Section Division of Co				
SUBJECT:_BAKE M	Y DAY GOURMET, INC			•
56B0E61	Name of	Resulting Florida Pr	ofit Corporation	
The enclosed Certificate Entity" into a "Florida	te of Conversion, Article Profit Corporation" in a	es of Incorporation, a accordance with s. 607	nd fees are submitted	to convert an "Other Business
Please return all corres	pondence concerning thi	is matter to:		
DAVID M. RUTHERFO	ORD			
	Contact Person			
RUTHERFORD ACCOU	UNTING SERVICES			
	Firm/Company			
P.O. BOX 5530				
	Address			
DESTIN FL 32540				
	City, State and Zip Cod	e		
COUNTRYPROI@AOL	COM			
E-mail address: (t	o be used for future ann	ual report notification	1)	
For further information	concerning this matter,	please call:		
HEIDI A. McANULLA		at () 83	30-8625	
Name of Co	ontact Person	Area Code	and Daytime Telepho	one Number
Enclosed is a check for	the following amount:			
□ \$105.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fe and Certified Copy	Certificate of Sta	and
STREET ADDRESS:			ALING ADDRESS:	
New Filings Section Division of Corporation	ns		w Filings Section vision of Corporations	

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

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, 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 "G BAKE MY DAY GO		Entity" immediately prior to the filing of this Certificate of Conversion	is:
17.15-	047705)	Enter Name of Other Business Entity	
2. The "Other Busine		LIMITED LIABILITY COMPANY	
	(Enter entity ty	ype. Example: limited liability company, limited partnership,	
first arganized forms	d or incorporato	ed under the laws ofFLORIDA	
first organized, forme	ti or incorporate Enter)	r state, or if a non-U.S. entity, the name of the country)	J i
MARCH 17, 2015		<u> </u>	r m
organized, formed or	incorporated:	usiness Entity" was changed, the state or country under the laws of which	ch it is now
		reporation as set forth in the attached Articles of Incorporation:	
BAKE MY DAY GO	JRMET, INC.		
		Enter Name of Florida Profit Corporation	
5. If not effective on	the date of filing	g, enter the effective date:	
Department of State if an effective date is Note: If the date inse	; AND 2) must listed therein.) rted in this bloc	rior to nor more than 90 days after the date this document is filed to be the same as the effective date listed in the attached Articles of It	ncorporation,

Page 1 of 2

Signed thisday of	, 20_16			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Office Incorporator: HEIDI A. McANULLA Title: PRESIDE	er, or, if Directors or Officers have not bee	n selecte	d, an	
Required Signature(s) on behalf of Other Business I				
Signature: Ludia Manule				
Printed Name: HEIDI A. McANULLA	Title: MEMBER	_		
Signature:		_		
Printed Name:	Title:			
Signature:		E S	16	
Printed Name:			A	an kylik jane.
Signature:		0.2	<u>u</u>	្ត ស្រាចនៃដីវា ភ្ល ស្តី ស្តី
			至红	Lannese P E Lancero
Printed Name:Signature:	·	AUK ALV	55	Co trace
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	<u>Limited Partnership:</u>			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.		,		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	URMET, INC.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:				
Principal street address 511A HARBOR BOULEVARD	Mailing address, if different is: 609 SEA OATS DRIVE			
DESTIN FL 32541	DESTIN FL 32541			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:				
TO PROVIDE FOR THE GENERAL PUBLIC, WHOLESAL	E AND RETAIL SALES OF SPECIALTY BAKERY CAKES,			
WEDDING CAKES, CONFECTIONS AND ANY AND ALL	RELATED OPERATIONS, DUTIES, AND TASKS IN			
ACCORDANCE WITH ALL APPLICABLE FEDERAL, STA	TE, AND LOCAL LAWS.			
ARTICLE IV SHARES The number of shares of stock is: *1,000* - ONE THOUSAN	D SHARES COMMON STOCK			
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS			
Name and Title: HEIDI A. McANULLA, PRESIDENT	Name and Title: HEIDI A. McANULLA, DIRECTOR			
Address: 609 SEA OATS DRIVE	Address: 609 SEA OATS DRIVE			
DESTIN FL 32541	DESTIN FL 32541			
Name and Title: HEIDI A. McANULLA SCRETARY	Name and Title:			
Address: 609 SEA OATS DRIVE	Address:			
DESTIN FL 32541				
Name and Title:	Name and Title:			
Address:	Address:			

ARTIĊL			
	e and Florida street address (P.O. Box NOT acceptable	ole) of the registered agent is:	
Name:	HEIDI A. McANULLA		
Address:	609 SEA OATS DRIVE		
	DESTIN FL 32541		是多一方
ARTICL	E VII INCORPORATOR and address of the Incorporator is:		
ine <u>name</u>	· ·		Con the second
Name:	HEIDI A. McANULLA		
Address:	609 SEA OATS DRIVE		
	DESTIN FL 32541		A S
this certifi	**************************************	**************************************	n at the place designated in in this capacity
	Required Signature/Registered Agent	Date	_
I submit ti document	his document and affirm that the facts stated herein of to the Department of State constitutes a third degree	are true. I am aware that any false felony as provided for in s.817.155, i	information submitted in a F.S.
N	lidi li Wanull	01/15/16	
	Required Signature/Incorporator	D	ate