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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

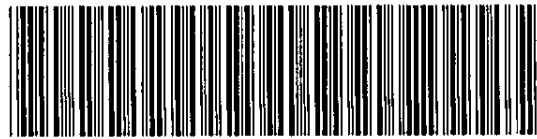
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan FEB 12 2016

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Lmichellmedia Company
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lakeisha "L. michelle" Salvant
Name (Printed or typed)

418 Westwood Dr. N.
Address

Tallahassee, FL 32304
City, State & Zip

404 514 3005
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: L Michelle media Company
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:

Lakeisha "L. michelle" Salvant
Contact Person

Firm/Company

418 Westwood Drive North
Address

Tallahassee, FL 32304
City, State and Zip Code

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

For further information concerning this matter, please call:

L. michelle Salvant at (404) 514 3005
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy 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

APPROVED
AND
FILED

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

16 FEB 12 PM 3:10

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:

Lmichellemedia LLC
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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 6-17-2011
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**:

LMichellemedia Company
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.)

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 _____ day of _____, 20_____.

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: Lakisha "L. Michelle" Smart Title: CEO

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

Signature:

Printed Name:

Lakisha "L. Michelle" Smart Title: CEO

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 FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the social purpose corporation shall be Lmichellemedia Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

418 Westwood Dr. N.
Tallahassee, FL 32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 12 PM 3:10

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AND
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ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

The ~~business~~ ^{social} purpose of Lmichellemedia company is to produce and help all of its clients produce media (New media, online & beyond) that changes lives for the better.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

The specific public benefit is the consumption of media that will improve their overall quality of life in every area of their lifestyle (existence).

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: <u>Lakeisha "L. michelle" Salvant</u> <u>CEO</u>	Name and Title: <u>Christopher King Salvantse</u> <u>Director</u>
Address: <u>418 Westwood Dr.</u> <u>Tallahassee, FL 32304</u>	Address: <u>418 Westwood Dr.</u> <u>Tallahassee, FL 32304</u>

Name and Title: <u>Nicky E. Collins</u> <u>Director</u>	Name and Title: <u>Paula O'Leary</u> <u>Director</u>
Address: <u>9398 Winderm Way</u> <u>Tallahassee, FL 32312</u>	Address: <u>112 Auburn Oaks Rd. W.</u> <u>Jacksonville, FL 32218</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: La'keisha "Lomichelle" Salvant

Address: 418 Westwood Dr.
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

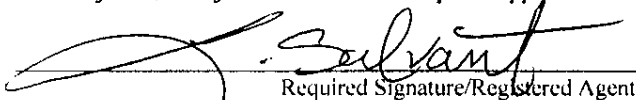
The **name and address** of the Incorporator is:

Name: La'keisha "Lomichelle" Salvant

Address: 418 Westwood Dr.
Tallahassee, FL 32304


ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

2-12-16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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

2-12-16
Date

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TALLAHASSEE FLORIDA