# P16000035564

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
W16-21	785	<del>-</del>

Office Use Only



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04/05/16--01008--030 \*\*105.00

6 APR 20 AM 8: 45

## **COVER LETTER**

TO:

**Charter Section** 

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations
SUBJECT: Ludu 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:
Lucas Oest
Contact Person
Ludu dba Empire Bagel Firm/Company
Firm/Company
277 N. Collier Blrd, Unit 1 Address
Mirta Island, F. 34145  City, State and Zip Code
hen ery do 83 egmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lucas Oest at 309, 620-4529
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of and Certified Copy Status  \$\square \text{\$113.75 Filing Fees} \text{\$113.75 Filing Fees} \text{\$113.75 Filing Fees} \text{\$Certified Copy, and Certificate of Status}
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 6327

Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2016

LUCAS OEST 277 N. COLLIER BLVD, UNIT 1 MARCO ISLAND, FL 34145

SUBJECT: LUDU LLC

Ref. Number: W16000026785

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Letter Number: 816A00007424

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

### **Certificate of Conversion**

For

#### "Other Business Entity"

Into

### Florida Profit Corporation

FILED

16 APR 20 AM 8: 45

SECRETAR ( OF STATE TALL AHASSEE FLORIDA
TALL AHASSEE 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:	
Ludu LIC LIS-32662.	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a	
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)	
a 20 15	
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:	
Ludu Inc	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date:	

Signed this day of March	, 20				
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: Lucas Olst Title: 1(25)		n selected, an			
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s	).]			
Signature:					
Printed Name: Lu Cas Olst	Title: President				
Signature:					
Printed Name:	_ Title:				
Signature:					
Printed Name:	Title:	As 6			
Signature:		ESE TO			
Printed Name:	Title:	35 8 F			
Signature:					
Printed Name:	Title:	8: 1.5 8: 1.5			
Signature:		Taman (			
Printed Name:	_Title:				
If Florida General Partnership or Limited Liability   Signature of one General Partner.	<u>Partnership:</u>				
If Florida Limited Partnership or Limited Liability I Signatures of ALL General Partners.	Limited Partnership:				
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 \ 105 (Slepton) \$70.00 \ (Optional) \$8.75 (Optional)				

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

	•	The state of the s
ARTICLE I NAME The name of the corporation shall be:	Ludu Inc	16 APR 20 AM 8: 45
ARTICLE II PRINCIPAL OFFICE	7	SECRETARY OF STATE TALLAHASSEE FLORIDA
The principal place of business/mailing addr		
Principal street address 277 N. Collier Blvd	Mailing a	address, if different is:
Writ 1		
Marco Island, FL3	4145	
ARTICLE III PURPOSE  The purpose for which the corporation is of	arganized ic	
	ceahfasto lunch cap	D.
- Operac a	ray as a concern	
ADVICUE III CHADEC		
The number of shares of stock is:	00	
ARTICLE V INITIAL OFFICERS	AND/OR DIRECTORS	
Name and Title: Lucas Oes-	Name and Title:	
Address: 277 N. Collier	RIATI	
Marco Island	F1 34145	
Name and Title: Rachel Oes	L	
Address: 277 N. Collier	Budtel	
Marco, Taland,		
		<u>, , , , , , , , , , , , , , , , , , , </u>
Name and Title:	Name and Title:	
Address:	Address:	

ARTICLE VI REGISTERED AGE	<u>NT</u>	4
The name and Florida street address (P.	O. Box NOT acceptable) of the re	egistered agent is:
Name: West est		FILED
Address: 277 N. Collier!	31vd#1	16 APR 20 AM 8: 45
Marco Island, F	L 34145	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VII INCORPORATOR	R	
The name and address of the Incorporato	or is:	
Name: Lucas Dest		
Address: 277 N. Collier &	31vd+1	
Marco Island, F1	_34145	
******	************	****
Having been named as registered agent t this certificate, I am familiar with and ac		he above stated corporation at the place designated in ed agent and agree to act in this capacity
* Col		3/9/16
Required Signature/Registered	d Agent	Date
I submit this document and affirm that to document to the Department of State con		I am aware that any false information submitted in a provided for in s.817.155, F.S.
K LOW		3/9/16
Required Signature/Incorpora	itor	Date