

P16000078065

(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:

Office Use Only



900289204129

08/23/16--01029--010 **105.00

16 SEP 23 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

yes 9/23/16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Partners In Design of Naples, 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:

Kim A. Kloczek

Contact Person

Partners In Design

Firm/Company

3021 Airport-Pulling Rd. N Suite 202

Address

Naples FL 34105

City, State and Zip Code

~~✗~~ jab@boatmanlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Kloczek

Name of Contact Person

at (612) 834 3333

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

August 30, 2016

KIM A. KLOCEK
3021 AIRPORT-PULLING RD N.
SUITE 202
NAPLES, FL 34105

SUBJECT: PARTNERS IN DESIGN OF NAPLES, INC.
Ref. Number: W16000060006

We have received your document for PARTNERS IN DESIGN OF NAPLES, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 016A00018460

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

16 SEP 23 PM 2:17

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:

Partners in Design 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 Minnesota
(Enter state, or if a non-U.S. entity, the name of the country)

on 3/3/16
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**:

Partners In Design of Naples, Inc.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 9/1/16

(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 17 day of August, 20 16.

Required Signature for Florida Profit Corporation:

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

Incorporator: Kim A. Kloczek

Printed Name: Kim A. Kloczek Title: President

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

Signature: Kim A. Kloczek

Printed Name: _____ Title: _____

Signature: Kim A. Kloczek

Printed Name: Kim A. Kloczek Title: President

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

16 SEP 23 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Partners In Design of Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

9002 Mustang Island Circle
Naples, FL 34113

Mailing address, if different is:

3021 Airport-Pulling Rd. suite 202
Naples, FL 34105

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Graphic Design Company

16 SEP 23 PM 2:19
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kim Klocek President Name and Title: _____

Address: 9002 Mustang Island Circle Address: _____
Naples, FL 34113

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: Kim A. Klocek
Address: 9002 Mustang Island Circle
Naples, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kim A. Klocek
Address: 9002 Mustang Island Circle
Naples, FL 34113

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

Kim A. Klocek
Required Signature/Registered Agent
Kim A. Klocek

8/17/16
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.

Kim A. Klocek
Required Signature/Incorporator
Kim A. Klocek

8/17/16
Date

16 SEP 23 PM 2:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA