

P/6000078534

(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 26 AM 8:38

W/6-060315

~ 09/27/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2016

APRIL SLATER  
3965 WILD PINE LN.  
MERITT ISLAND, FL 32952

SUBJECT: FAUXNIQUE CO.  
Ref. Number: W16000060315

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

PART I ("Certificate of Conversion") was not received; please fill out the enclosed, 2 page, blank application.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 016A00018574

RE  
16 SEP 26 PM 4:07  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Fauxnique Co

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:

April Slater

Contact Person

L14- 00446

01/09/16 ✓

Fauxnique LLC

Firm/Company

~~133 N Atlantic Avenue~~

3965 Wild Pine Lane

Address

~~Cocoa Beach, FL 32931~~

Merritt Island, FL 32952

City, State and Zip Code

april.fauxnique@gmail.com

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

For further information concerning this matter, please call:

April Slater

at ( 321 )

243-2389

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

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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:

Fauxnique LLC  
(214-664446) ✓ Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited liability Co.  
(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 Jan. 9 2014 ✓  
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**:

Fauxnique Co.  
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: April G. Slater

Printed Name: April G. Slater Title: President - Owner

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

Signature: April G. Slater

Printed Name: April G. Slater Title: Owner

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 26 AM 8:38

**ARTICLE I NAME**

The name of the corporation shall be: Fauxnique Co.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

~~133 N Orlando Ave~~

~~Cocoa Beach, FL 32931~~

3965 Wild Pine Lane  
Merritt Island, 32952

Mailing address, if different is:

3965 Wild Pine Lane  
Merritt Island, FL 32952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: April Slater - President

Name and Title: \_\_\_\_\_

Address: ~~133 N Atlantic Avenue~~ 3965 Wild Pine Lane

Address: \_\_\_\_\_

~~Cocoa Beach, FL 32931~~

Merritt Island, FL 32952

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: Elizabeth Lopez  
Address: 125 Pulsipher Ave  
Cocoa Beach, FL 32931

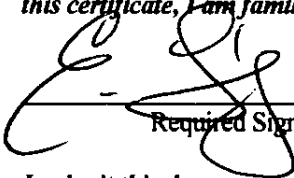
**ARTICLE VII INCORPORATOR**

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

Name: April Slater  
Address: ~~433 N Atlantic Ave~~ 3965 Wild Pine Lane  
~~Cocoa Beach, FL 32931~~ Merritt Island, FL 32952

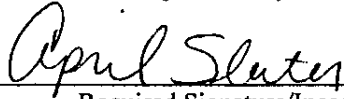
\*\*\*\*\*

*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

8/18/2016  
\_\_\_\_\_  
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

8/18/2016  
\_\_\_\_\_  
Date

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DIVISION OF CORPORATIONS  
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