# P600192007

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only

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T. SCOTT



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2016

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REBECCA DRAY 831 LOWELL BLVD., C27 ORLANDO, FL 32803

SUBJECT: PREMALPLAY Ref. Number: W16000073742

We have received your document for PREMALPLAY and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The Certificate of Conversion must be signed by an authorized person.

Please correct conversion pasperwork.,

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.

Tyrone Scott Regulatory Specialist II

Letter Number: 316A00023362

### **COVER LETTER**

Division of Corpora	tions			
SUBJECT: PremaPlay Inc				
Sobolic I.	Name of I	Resulting Florida	Profit (	Corporation
The enclosed Certificate of C Entity" into a "Florida Profit				ees are submitted to convert an "Other Busines 15, F.S.
Please return all corresponde	ence concerning this	matter to:		
Rebecca Dray				
(	Contact Person		_	
PremaPlay Inc				
	Firm/Company		_	
831 Lowell Blvd, C27				
	Address		_	
Orlando, FL 32803			_	
City,	, State and Zip Code		_	
premaplay@gmail.com				
E-mail address: (to be	used for future annu	al report notifica	tion)	
For further information conc	cerning this matter, p	olease call:		
Rebecca Dray		_at (	79735	
Name of Contac	t Person	Area C	ode and	1 Daytime Telephone Number
Enclosed is a check for the f	following amount:			
☐ \$105.00 Filing Fees ☐\$ and Stat	Certificate of	□\$113.75 Filin and Certified C		■S122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le		New F Division P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, 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 "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  PremaPlay 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)
6/9/2014 on .
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 <u>attached Articles of Incorporation:</u>
PremaPlay Inc
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  [8/1/16]  [7]
(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.

Page 1 of 2

Signed	thisday of	, 20 <sup>16</sup>		
	red Signature for Florida Profit Corporation:	,		
Signate Incorp Printed	ure of Chairman, Vice Chairman, Director, Offic orator:	er, or, if Directors or Officers have not bee	n selected, an	
Requi	red Signature(s) on behalf of Other Business F	Entity: [See below for required signature(s	).]	
Signat	ure:			
Printed	I Name: Rebecca Dray  ure: Mustur Bhha  Kristina Blake	Title: AMBR		
Signati	ure: Mustur Bhha			
Printed	Name: Kristina Blake	Title: AMBR		
Signati	ure: Aucho Barbe			
Printed	i Name:	Title:	,	
Signat	ure:			
Printed	l Name:	Title:	,	
Signati	ure:			
Printed	l Name:	Title:	,	
Signat	ure:			
Printed	l 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.				
	rida Limited Liability Company: ure of a Member or Authorized Representative.			
All oth Signati	ners: ure 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)

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address 831 Lowell Blvd, C27	Mailing address, if different i	is:
Orlando, FL 32803		
ARTICLE III PURPOSE	1.	
The purpose for which the corporation is organiz	ed is: py to young people with disabilities in their own home or in o	air rented
clinical space. To provide opportunities and develop b	businesses that promote health, wellbeing and long term supp	ort or
development of independence for people with disability	ities.	ons"
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		#9 19
The number of shares of stock is:	OR DIRECTORS	59
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/ Reheece Dray Director	<b>OR DIRECTORS</b> Kristina Blake, Director  Name and Title:	59
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/ Name and Title:  Rebecca Dray, Director  831 Lowell Blvd, C27	Name and Title: Kristina Blake, Director PO Box 1474	59
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/A  Name and Title:  Rebecca Dray, Director  831 Lowell Blvd, C27	Name and Title: Kristina Blake, Director  PO Box 1474  Minneola, FL 34755	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/ Name and Title:  Rebecca Dray, Director  831 Lowell Blvd, C27  Orlando, FL 32803	Name and Title: Kristina Blake, Director  PO Box 1474  Minneola, FL 34755	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/ Name and Title:  Rebecca Dray, Director  831 Lowell Blvd, C27  Orlando, FL 32803	Name and Title: Kristina Blake, Director  PO Box 1474  Minneola, FL 34755	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/ Name and Title:  Rebecca Dray, Director  831 Lowell Blvd, C27  Orlando, FL 32803  Name and Title:	Name and Title:    Columbia	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O Name and Title:  Rebecca Dray, Director  831 Lowell Blvd, C27  Orlando, FL 32803  Name and Title:  Address:  Address:	Name and Title:    PO Box 1474     Minneola, FL 34755     Name and Title:   Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/ Name and Title:  Rebecca Dray, Director  831 Lowell Blvd, C27  Orlando, FL 32803  Name and Title:  Address:	Name and Title:    Columbia	

<u>ÁRTICI</u>	E VI REGISTERED AGENT		
The <u>name</u>	e and Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Rebecca Dray		
Address:	831 Lowell Blvd, C27		
	Orlando, FL 32803		
<u>ARTICI</u>			
The name	e and address of the Incorporator is:		
Name:	Rebecca Dray		
Address:	831 Lowell Blvd, C27		
	Orlando, FL 32803		
******	****************	*******	
	een named as registered agent to accept service of p icate, I am familiar with and accept the appointmen		
	2 -2	· ···· · · · · · · · · · · · · · · · ·	·,
		8/1/16	
	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herein t to the Department of State constitutes a third degre		n submitted in a
	A-		
	<del>/US</del>	8/1/16	
	Required Signature/Incorporator	Date	