# P1600094610

(Re	questor'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



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2016

JENNIFER BARGER 2924 BARRETT ROAD JACKSONVILLE, FL 32246

SUBJECT: SHOWROOM FLOORS LLC

Ref. Number: W16000074048

We have received your document for SHOWROOM FLOORS LLC 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 816A00023467

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2016

JENNIFER BARGER 2924 BARRETT ROAD JACKSONVILLE, FL 32246

SUBJECT: SHOWROOM FLOORS INC

Ref. Number: W16000067472

We have received your document for SHOWROOM FLOORS INC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the document you sent in is the incorrect document. The proper filings form is enclosed. Also in order for us to process the document, an additional \$45 dollars is needed. Please make these corrections and mail the document back into our office.

The converting Florida entity must be active on our records.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 416A00021114

TO:
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Charter Section

**Division of Corporations** 

howroom Floors

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:

howroom Floors

Barre H Road
Address

acksonville, Fl 32246

City, State and Zip Code

10WroomFloors 28@AOL.Com

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

For further information concerning this matter, please call:

rea Code and Daytime Telephone Number

Enclosed is a check for the following amount:

and Certificate of

Status

and Certified Copy

□ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Filing Fees, Certified Copy, and Certificate of Status

+122.50 - 60.00 \$62.50

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#### **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 union to the filing of this Comits of the		
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conve	ersion is:	77
Showroom Floors (UC) (215-20) Enter Name of Other Business Entry	741	2)
2. The "Other Business Entity" is a Mitted liability company limited partnership		
(Enter entry type: Example: inflitted habitity company, fillited partiership)		
general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of		
(Enter state, or if a non-U.S. entity, the name of the country)		
on   2   14   20   5		
Enter date "Other Business Entity" was first organized, formed or incorporated		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :  Show room Florys Inc.  Enter Name of Florida Profit Corporation		
<u> </u>		
5. If not effective on the date of filing, enter the effective date: Sept. 2016  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is f Department of State; AND 2) must be the same as the effective date listed in the attached Article		
if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	dat <b>ë</b> will	ين <del>أَرَّرُ</del> not be
listed as the document's effective date on the Department of State's records.	30.	-1 % -2 %
	(T)	7.7
Page 1 of 2	70	
	1-	a

Signed this 20 th day of Sept	, 20 16
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Director, Office Incorporator:  Printed Name: Title:	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business l	Entity: [See below for required signature(s).]
Signature:	
Signature: Say.  Printed Name: Linnifus Parys	Title: Fresident
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability	Limited Partnership:
Signatures of <u>ALL</u> General Partners.	जं हैं। जं हैं।
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	16 ROV
All others: Signature of an authorized person.	15 PH 2
Fees:	2; E

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Certificate of Conversion:

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

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

The name of the corporation shall be: Showroom Floors Inc.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
1859 Caravan Trail # 109 Jackswille, Fr	2924 Barrett Rd.  Jackson Ne, FC	
32216	32246	
The purpose for which the corporation is organized is:    The purpose for which the corporation is organized is:   The purpose for which the corporation is organized is:		
ARTICLE IV SHARES The number of shares of stock is:	- One	
ARTICLE V INITIAL OFFICERS AND/OR D	TO THE PROPERTY OF THE PROPERT	
Name and Title lenni Luttary L	Name and Title:	
Address: 2924 Barrett Rd. Jay 72 32244	Address:	
Name and Title:	Name and Title:	
Address:		
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: Jennifus Baryu

Address: Z924 Barnett Rd
Jay. PL 32246

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Name: Jennifus Baryu

Address: Z924 Barnett Rd
Jay. 47 32246

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lamfamiliar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any fulse information submitted in a document to the Organization of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator