P16000098062

(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

T. BURCH DEC 1 3 2016

COVER LETTER

TO:	Charter Section Division of Cor		\ -	In	2.	i		
SUBJI	ECT:	Blue Po Name of	Resulting Florida	Profit C	orporation	1	<i>0</i> —	
		e of Conversion, Articles Profit Corporation" in ac				nitted to	convert	an "Other Business
Please	return all corresp	ondence concerning this	s matter to:					
	Nancy_	Contact Person						
	Blue Pa	AINTING	T	.				
	27840	Michigan Address	St.					
	Bonita S	Oity, State and Zip Code	34135					
<u>W</u> E	-mail address: (t	rinishes Qual o be used for future annu	NAD. COM lal report notificat	tion)				
For fur	ther information	concerning this matter, I	please call:					
_ \ \	Name of Co	Ontact Person	at (<u>239</u> Area Co) <u>33(</u> ode and 1)- 490 Daytime T	elephor	ie Numb	er
Enclos	ed is a check for	the following amount:						•
\$ 10.	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□S113.75 Filing and Certified Co	ру	□\$122.50 Certified C Certificate	Copy, ar	ıd	
New F Division	ET ADDRESS: ilings Section on of Corporation Building executive Center]]	New Fil Divisior P. O. Bo	NG ADDF ings Section of Corporate 6327 ssee, FL 33	on rations		

Tallahassee, FL 32301



November 22, 2016

NANCY WEBB 27840 MICHIGAN ST BONITA SPRINGS, FL 34135

SUBJECT: BLUE PAINTING, INC. Ref. Number: W16000078587

We have received your document for BLUE PAINTING, 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):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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.

Letter Number: 716A00025055

Tim Burch Regulatory Specialist III

www.sunbiz.org

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 Conv	version	is:	
Blue Wave Painting, LC.			
Enter Name of Other Business Entity			
2. The "Other Business Entity" is a	SECRETA TALLAHA	16 DEC I	
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)	NRY OF SSEE, F	12 PM	
on August 30, 2013 (Enter date "Other Business Entity" was first organized, formed or incorporated	STATE	PM 4: 47	O
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:		ch it is	now
N A			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation Enter Name of Florida Profit Corporation	<u>:</u>		
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 Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Article if an effective date is listed therein.)			
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	s date w	/ill not	: be
instead as the document serieon ve date on the Department of State's records.			

	. the				
Signed	this 15th day of Abverber				
Requi	red Signature for Florida Profit Corporation	<u>:</u>			
Signate Incorpe Printec	ure of Chairman, Vice Chairman, Director, Officerator: Name: Wanch Webb Title:	cer, or, if Directors or Officers have not been	n selecte	ed, an	
	red Signaturo(s) on behalf of Other Business).]		
Signati	ure:				
Printed	IName: Patrick Weldo	Title:, MG1 RM			
Signati	ure: Mancay Well				
Printed	Name: Name: Wellow	Title:	IAL	16	
Signati	ure:		CRE AH	DEC.	
Printed	i Name:	Title:	TARY ASSE	2	7723013
Signati	ure:	· · · · · · · · · · · · · · · · · · ·	OF S	P	m
Printed	l Name:	Title:	OF STATE E. FLORID	4: 4:	O
Signati	ure:		-	_	
	! Name:				
Signati	ure:				
Printed	Name:	Title:			
	rida General Partnership or Limited Liability ure of one General Partner.	y Partnership:			
	rida Limited Partnership or Limited Liability ures of <u>ALL</u> General Partners.	V Limited Partnership:			
	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)

The name of the corporation shall be:	ting:
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	(), , ,
Principal street address	Mailing address, if different is:
20840 Michigan Dr. Bonita Springs, Fi 34135	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any and all lawful busine	SECRETAL AHAS
	SIAIF ORID
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIREC	CTORS
Name and Title: Patrick Webb P	Name and Title:
	Address:
Name and Title: Namu Webb VST	Name and Title:
Address: 27840 Michigan Dr.	Address:
Bonita Springs, 12, 34135	
Name and Title: Address:	Name and Title:Address:

ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
Name: Nancy Webb	₹. → •
Address: 27840 Michigan Or.	SECORE TO SECORE
Bonita Springs, FL 34135	12 TARY
ARTICLE VII INCORPORATOR	ma z m
The name and address of the Incorporator is:	F ST F:
Name: James A. Baatman, JR., Esq.	TATE ORIDI
Address: 3021 Airport-Pulling Rd W. Ste 202	
Nades, FL 34105	

Having been named as registered agent to accept service of process for the above stated corporation at this certificate, I am familiar with and accept the appointment as registered agent and agree to act in th	
this configuration and under the appointment as registered agent and agree to act in the	is capacity
Required Signature/Registered Agent Date	
I submit this document and affirm that the facts stated herein are true. I am aware that any false info	opportion submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
11/11/2016	
Required Signature Incorporator Date	
/)'	

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