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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

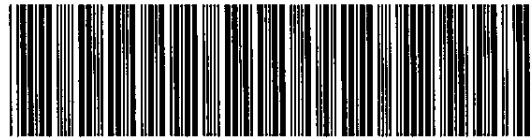
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FEB 13 2017

T. SCOTT



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17 FEB 10 PM 1:16
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2017

AMBER LONGWELL
6941 NW 852ND ST
TAMARAC, FL 33321

SUBJECT: MAUVE MONTHLY INC
Ref. Number: W17000011316

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of 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
New Filings Section

Letter Number: 117A00002562

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MAUVE MONTHLY
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:

Amber Longwell

Contact Person

Mauve Monthly

Firm/Company

6941 NW 82nd ST

Address

Tamarac, FL 33321

City, State and Zip Code

amberlongwell@gmail.com

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

For further information concerning this matter, please call:

Amber Longwell at (954) 798-7991
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 ☐ \$113.75 Filing Fees ☒ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy 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:

MAUVE MONTHLY

LLC - 21600486939

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)

on October 10, 2016

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:

Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

MAUVE MONTHLY

Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 2/9/2017

(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.

APPROVED
AND
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7 FEB 10 PM 1:17
DEPT OF STATE
TALLAHASSEE FLORIDA

Signed this 1 day of February, 2017.

Required Signature for Florida Profit Corporation:

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

Incorporator: Amber Longwell

Printed Name: Amber Longwell Title: Director

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

Signature: Amber Longwell

Printed Name: Amber Longwell Title: Authorized Representative

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)

ARTICLE I NAME

The name of the corporation shall be: MAUVE MONTHLY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

6941 NW 82nd ST

Same address.

Tamarac, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our corporation is organized to appoint stock shares.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amber Longwell - Director/Officer

Name and Title: Ashley Christiansen - Director/Officer

Address: 6941 NW 82nd ST

Address: 6130 Wiles RD apt. 302

Tamarac, FL 33321

Coral Springs, FL 33067

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

CLERK OF STATE
TAMARAC, FLORIDA

17 FEB 10 PM 1:17

APPROVED
AND
FILED

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ashley Christiansen
Address: 6130 Wiles RD apt. 302
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Amber Longwell
Address: 6941 NW 82nd ST
Tamarac, FL 33321

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

Ashley

Required Signature/Registered Agent

February 1, 2017

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.

Amber Longwell
Required Signature/Incorporator

February 1, 2017

Date