P17000041463

(Requestor's Name) (Address)	600298809156			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	05/04/1701025005 ##35.30 04/16/176/368809/ ##68.06			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 17 MAY -9 AM 8: 22 This Alles of Black.			
Treat Office Use Only Sharon Prasse 1 celled and	-the \$68,00 = 3			

Said the Didn't want to

File the Convenium, Just

File the new corp.

T. BURCH MAY 1 0 2017

COVER LETTER

TO:	Charter Section Division of Cor					
CITE	JECT: Chloe & Co	dy, Inc				
SODe	EC1	Name of	Resulting Flor	rida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an 15, F.S.	"Other Business
Please	e return all corresp	ondence concerning this	matter to:			
Jay Pı	rassel					
		Contact Person	· · · · · · · · · · · · · · · · · · ·			
		Firm/Company				
1435	E. Venice Ave #104	· · · · · · · · · · · · · · · · · · ·				
		Address				
Venic	æ, FL 34292					
		City, State and Zip Code	•			
jay@j	prassel.com					
	E-mail address: (t	o be used for future annu	ıal report noti	fication)		
For fi	urther information	concerning this matter,	please call:			
Jay P	rassel		847 at (910-1		
	Name of Co	ontact Person	Are	a Code and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
= \$ 1	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 F and Certified		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRESS: Filings Section				ING ADDRESS: ilings Section	
Divis	ion of Corporation	ns		Divisio	on of Corporations	
	on Building Executive Center	Circle			Box 6327 assee, FL 32314	
	AMOUNT COILE	~ V.V		* 64114411		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

Attached is a form to convert an "Other Business Entity" into a "Florida Profit Corporation" pursuant to section 607.1115, Florida Statutes. These forms are basic and may not meet all conversion needs. The advice of an attorney is recommended.

Pursuant to s. 607.1115(1), F.S., "the term 'other business entity' means a limited liability company; a common law or business trust or association; a real estate investment trust; a general partnership, including a limited liability partnership; a limited partnership, including a limited liability limited partnership; or any other domestic or foreign entity that is organized under a governing law or other applicable law, provided such term shall not include a corporation and shall not include any entity that has not been organized for profit."

Filing Fees:

(\$35 Conversion Fee and \$70 for Florida

Profit Articles of Incorporation)

Certified Copy (optional):

\$8.75

Certificate of Status (optional):

\$8.75

CHECK \$3500

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number,

the attached cover letter.

Sent for scan

Street Addres 5/5(17 New Filing Sec

Mailing Address **New Filing Section** Division of Corporations Division of Co. P. O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive

Tallahassee, FL

For further information, you may contact the New Filings Section

Important Notice: If conversion involves a limited liability com s.605.0212(8), F.S., each party to the merger must be active an document is being submitted to the Department of State for fili

ear this

omplete

CR2E105 (4/15)



Jay Prassel <jay.prassel@gmail.com>

Sunbiz.org Payment Receipt

1 message

donotreply@sunbiz.org <donotreply@sunbiz.org>

Thu, Apr 6, 2017 at 10:41 AM

To: jay@prassel.com

Thank you for submitting your payment to Florida Department of State, Division of Corporations. This email will serve as confirmation that your payment was received by our office.

CHLOF e Copy, INC

Your filing will be posted on our website http://www.sunbiz.org/ within 1-3 business days.

The transaction information is listed below:

Receipt Number:

3699084440

Transaction Date/Time: 4/6/2017 9:41:56 AM

Card Number:

XXXX XXXX XXXX 4243

Card Type:

Visa

Approval Code:

074110

Payment Amount:

\$70.00

Document Number:

NEW

May 9, 2017

To: Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

From: Sharon Prassel 847.528.5947 sharon@prassel.com

Dissolution of Chloe & Cody, LLC

Document Number: L16000076997

Chloe & Cody, LLC needs to become an Inc.

Mr. Burch:

I have no intention of ever re-instating Chloe & Cody, LLC and we be registering it as a INC.

Thank you for your help.

Regards,

Sharon Prassel

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

The name of	the corporation shall be: Chloe & Cody, Inc.		
	I PRINCIPAL OFFICE I place of business/mailing address is:		
The principa	-		
Principal street address 1435 E. Venice Ave. #104-236, Venice, FL 34292		Mailing address, if different is:	· - ·-
	III PURPOSE		
	for which the corporation is organized is	X	
Apparel Man	ufacturer		
		4 495	
		21. § 2 - 12. (HAY
-		50.0	-9
			AH AH
			<u> </u>
			~~~
ARTICLE	IV SHARES 100		
The number	of shares of stock is:		
ARTICLE	V INITIAL OFFICERS AND/OR	DIRECTORS	
Name and T	Ms. Sharon Prassel, President	Name and Title:	
Address:	1435 E. Venice Ave. #104-236	Address:	
11001000	Venice, FL 34292		<del></del>
Name and T	Mr. Jay Prassel, Vice President	Name and Title:	
Address:	1435 E. Venice Ave. #104-236	Address:	
	Venice, FL 34292		
Name and T	Mr. James Vena, Vice President	Name and Title:	
Address:	1435 E. Venice Ave. #104-236	Address:	
	Venice, FL 34292		

ARTICL	E VI REGISTERED AGENT				
The name	e and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:			
Name:	Mr. Jay Prassel				
Address:	1435 E. Venice Ave. #104-236				
	Venice, FL 34292		3 = 15"	17.	
ARTICL	E VII INCORPORATOR		(C. )	HAY	តា
The name	and address of the Incorporator is:			-9	<u> </u>
Name:	Mr. Jay Prassel			AM	
Address:	1435 E. Venice Ave. #104-236			8: 2	
	Venice, FL 34292		ĵ¥ ^{(m}	~	
******	************	********			
•	een named as registered agent to accept service of pi	-	-	-	gnated in
this certifi	icate, I am familiax with and accept the appointment	as registered agent and agree to act in t	his capac	rity	
	John	4/12/2017			
	Required Signature/Registered Agent	Date			
	this document and affirm that the facts stated herein			i subm	utted in a
wocument	to the Department of State constitutes a third degree	: jewny us provincu jor in s.o.i /.133, F.S			
	faitre	4/12/2017			
	Required Signature/Incorporator	Date	!		