

P17000046123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

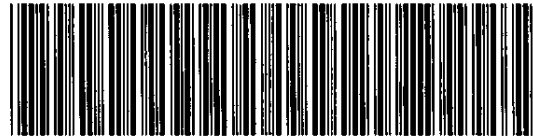
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800298339048

04/25/17--01023--006 \*\*113.75

W17-35-436

FILED

17 MAY -9 AM 10:17

CLERK OF STATE  
ALABAMA, FLORIDA

T. BURCH

MAY 25 2017

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** WULF Marketing, Inc.

\_\_\_\_\_  
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:

Colette Perry

\_\_\_\_\_  
Contact Person

Accounting Plus, Inc.

\_\_\_\_\_  
Firm/Company

510 Lost Key Drive

\_\_\_\_\_  
Address

Pensacola, FL 32507

\_\_\_\_\_  
City, State and Zip Code

jonathanfoley27@gmail.com

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

For further information concerning this matter, please call:

Colette Perry

at ( 850 ) 291-7607

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

17 MAY -8 PM 3:00

BUREAU OF SECURITIES  
INFORMATION SERVICES

April 26, 2017

COLETTE PERRY  
510 LOST KEY DRIVE  
PENSACOLA, FL 32507

SUBJECT: WULF MARKETING, INC.  
Ref. Number: W17000035836

We have received your document for WULF MARKETING, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete page 1 of the Articles of Incorporation.

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.

Tim Burch  
Regulatory Specialist III

Letter Number: 217A00008099



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2017

COLETTE PERRY  
510 LOST KEY DRIVE  
PENSACOLA, FL 32507

SUBJECT: WULF MARKETING, INC.  
Ref. Number: W17000035836

We have received your document for WULF MARKETING, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete page 1 of the Articles of Incorporation.

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.

Tim Burch  
Regulatory Specialist III

Letter Number: 717A00009193

**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:

SOCIETYFEELING, 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)

on NOVEMBER 11, 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:

\_\_\_\_\_

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

WULF Marketing, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 04/17/2017

(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.

FILED  
17 MAY -9 AM 10:17  
DEPARTMENT OF STATE  
ALLAHABAD, FLORIDA

Signed this 17 day of April, 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: Jonathan Foley  
Printed Name: Jonathan Foley Title: Managing Member

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

• Signature: Jonathan Foley  
Printed Name: Jonathan Foley Title: Managing Member

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: WULF Marketing, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address <u>248 Olde Post Road</u> <u>Niceville, FL US 32578</u> _____	Mailing address, if different is: _____ _____ _____
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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To perform marketing services for businesses entities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**

The number of shares of stock is: 100 Shares of Stock

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Jonathan Foley, President/CEO</u> Address: <u>248 Olde Post Road</u> <u>Niceville, FL US 32578</u> _____	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____

**ARTICLE VI REGISTERED AGENT**

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

Name: Colene Perry

Address: 510 Lost Key Dr

Pensacola, FL 32507

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Jonathan Foley

Address: 248 White Post Road

Niceville, FL 32578

FILED  
17 MAY -9 AM 10:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

.....  
*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.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

4-17-17  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

4-19-17  
\_\_\_\_\_  
Date