

P 17000047379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

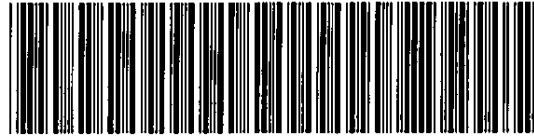
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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M. MOON  
MAY 31 2017

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 5/25 GLINDA

☐ **CERTIFIED COPY** \_\_\_\_\_  
**XX** **PHOTOCOPY** \_\_\_\_\_  
**XX** **CUS** GS \_\_\_\_\_  
**XX** **FILING** CONVERSION \_\_\_\_\_

1. WHY KNOT SANIBEL, INC.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Why Knot Sanibel, 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:

Joan Chiaramonte  
Contact Person

Why Knot Sanibel, Inc  
Firm/Company

2340 Periwinkle way # A1  
Address

Sanibel, FL  
City, State and Zip Code

WhyKnotSanibel@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Chiaramonte at (239) 472-3003  
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

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SECRETARY OF FLORIDA  
TALL.  
17 MAY 31 PM 12:04

**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:

Why Knot Sanibel, Inc. (F96-5017)  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Corporation  
(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 Maryland USA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 9-27-1996  
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:

No

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

Why Knot Sanibel, Inc.  
Enter Name of Florida Profit Corporation

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 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.

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SECRETARY OF  
STATE  
TALLAHASSEE  
17 MAY 31 PM 12:05

Signed this 25th day of May, 20 17.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Vincent J. Chiaramonte

Printed Name: VINCENT J. CHIARAMONTE Title: SD

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

Signature: Vincent J. Chiaramonte

Printed Name: VINCENT J. CHIARAMONTE Title: SD

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**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: Why Knot Sawibel, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

2340 Periwinkle Way A1  
Sawibel, FL 33957

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Retail women's clothing

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00

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

Name and Title: JOAN CHIARAMONTE Pres <sup>→ PTD</sup> Name and Title: PTD

Address: 760 Sextant Dr #711 Address: \_\_\_\_\_  
Sawibel FL 33957

Name and Title: Vincent Chiaramonte <sup>-SD</sup> Name and Title: SD

Address: 760 Sextant Dr #711 Address: \_\_\_\_\_  
Sawibel, FL 33957

Name and Title: Jennifer Chiaramonte Name and Title: S

Address: 2340 Periwinkle Way Address: \_\_\_\_\_  
~~#711~~ #A1  
Sawibel, FL 33957

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TALLAHASSEE, FL 32399-0001

**ARTICLE VI REGISTERED AGENT**

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

Name: VINCENT J. CHIARAMONTE

Address: 760 Sextant Drive # 711  
Sanibel, FL 33957

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VINCENT J. CHIARAMONTE

Address: 760 Sextant Drive # 711  
Sanibel, FL 33957

\*\*\*\*\*

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

Vincent J. Chiaramonte  
Required Signature/Registered Agent

5/25/17  
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.

Vincent J. Chiaramonte  
Required Signature/Incorporator

5/25/17  
Date

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