P17000091558

(F	Requestor's Name)	
(A	address)	
A)	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
(E	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
		
	Office Use Only	



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OCT 1 1 2017
T SCHROEDER

COVER LETTER

TO:	Charter Section Division of Co			
SURI	ECT:		FLOLA FL. INC	
SODI	LC1	Name of l	Resulting Florida Profit	Corporation
The en	nclosed Certificat " into a "Florida .	e of Conversion, Articles Profit Corporation" in ac	s of Incorporation, and fo cordance with s. 607.11	ees are submitted to convert an "Other Business 15, F.S.
Please	e return all corresp	ondence concerning this	matter to:	
KATI	IERINE LEWIS, C	PA, ESQ		
		Contact Person		
KATE	HERINE LEWIS, P	LLC		
		Firm/Company		
713 N	14TH STREET			
		Address		
LEES	BURG. FL 34748			
		City, State and Zip Code		
	.EWIS@GMAIL.C			
	E-mail address: (t	o be used for future annu	al report notification)	
For fi	urther information	concerning this matter.	please call:	
KATI	TERINE LEWIS		at ()406	1-2351
	Name of C	ontact Person	Area Code and	I Daytime Telephone Number
Enclo	osed is a check for	the following amount:		
□ \$1)	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New Divis	EET ADDRESS: Filings Section ion of Corporatio on Building		New f Divisi	ING ADDRESS: Filings Section on of Corporations Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

Tallahussee, FL 32314

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.

. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
FLOLA. INC. 709-2093
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
1/14/2008
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:
N/A
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
FLOLA FL, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
isted as the document's effective date on the Department of State's records.

Page 1 of 2



Signed thisday orSeftem b	rer 2017.	
Required Signature for Florida Profit Corporation	<u>ı:</u>	
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: Printed Name: GERARD BOUJASSY Title: DIREC		en-selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature	(S). Signature of
Signature:		Signature of Gerard:
Printed Name: MA BOUJASSY	Title: PRESIDENT	301:25U
Signature:		$\Omega_{\Omega_{\alpha}}$
Printed Name:		\
Signature:		
Printed Name:		
Signature:		_
Printed Name:		i i
Signature:		
Printed Name:	Title:	
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liability Signature of one General Partner.	v Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	v Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		17 OCT
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) Page 2 of 2	THE AMIL 34

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

ARTICLE I		FLOLA FL, INC	
The name of the c	orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
The principal plac	e of business/mailing address is:		
1	Principal street address	i	Mailing address, if different is:
13114	SKIING PARADISE BLVD		
CLE	RMONT, FL 34711		
ARTICLE III The purpose for v	PURPOSE which the corporation is organized ANY LAWFUL PURPOSE INCLU		ESTMENT
			7 000
			<u> </u>
			7.
			المرابع المرابع
	SHARES ares of stock is:) ()	
ame and Title:	INITIAL OFFICERS AND/O	-	GERARD BOUJASSY, SECRETARY
Idress:	61 RUE DE CLERGY		13114 SKIING PARADISE BLVD
75002 PARIS			CLERMONT, FL 34711
me and Title:_			
lress:		Address:	
ress:			
_			

	E VI REGISTERED AGENT		
The <u>name</u>	and Florida street address (P.O. Box NOT accep	nable) of the registered agent is:	
Name:	BONNY BOWYER, CPA	\ !	
Address:	1645 E HWY 50 SUITE 202	'	
	CLERMONT, FL 34711		
<u>ARTICL</u>			
The <u>name</u>	and address of the Incorporator is:		
Name:	KATHERINE LEWIS, CPA, ESQ		
Address:	713 N 14TH STREET		1
	LEESBURG, FL 34748		
******	************	**************************************	
Having be this certifi	een named as registered agent to accept service of licate, I am familiar with and accept the appointme	process for the above stated corporation at the place designated in nt as registered agent and agree to act in this capacity	
	Lorny Buya	9/1/17	
	Required Signature/Registered Agent	Date	
[submit t	this document and affirm that the facts stated here to the Department of State constitutes a third deg	in are true. I am aware that any false information submitted in a ree felony as provided for in s.817.155, F.S.	
M(/CMINEII	Katherine L'Sewis	9/17/17	
	Required Signature/Incorporator	Date	

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