

PN000086770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

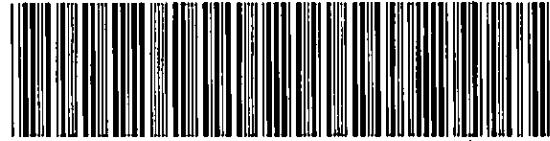
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: 7 ZILLA 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:

Emily CIURLEO
Contact Person

7 ZILLA INC. * JUICE COMPANY
Firm/Company

201 TWIN LAKES LANE
Address
DESTIN
FL. 32541
City, State and Zip Code

7ZILLAJUICECO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILY CIURLEO at (850) 530-7302
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:

ESTABLISHED CARPENTRY LLC Doc# L10000037359

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **LLC 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 **04 / 07 / 2010**
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**:

7 ZILLA INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **10-10-2017**
(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 listed as the document's effective date on the Department of State's records.

17 OCT 26 AM 8:51
TALLAHASSEE, FLORIDA
711 50

Signed this 10 day of OCTOBER, 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:

Printed Name: EMILY CURLED Title: CEO

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

Signature:

Emily Curled

Printed Name:

EMILY CURLED Title: CEO

Signature:

N/A

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature:

N/A

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)

STATION COPY TO OFFICE

17-061-25-AH-8-5-1

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:

7 ZILLA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

ZILLA INC.

Mailing address, if different is:

201 TWIN LAKES LANE
DESTIN, FL. 32541

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To be a juice company for the vaping industry.
To manufacture and retail juice.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMILY T. CIURLEO
CEO

Name and Title: _____

Address: _____

Address: _____

01 TWIN LAKES LANE DESTIN, FL
32541

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
JAN 17 2017
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

ARTICLE VI REGISTERED AGENT

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

Name: EMILY CIURLEO
Address: 201 TWIN LAKES LANE
DESTIN, FL. 32541

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EMILY CIURLEO
Address: 201 TWIN LAKES LANE
DESTIN, FL. 32541

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

Emily Ciurleo
Required Signature/Registered Agent
10-9-2017
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.

Emily Ciurleo
Required Signature/Incorporator
10-9-2017
Date

17 OCT 26 AM 8:51
STATE OF FLORIDA
DEPARTMENT OF STATE