

P18000001189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

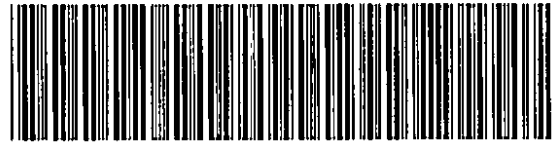
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-101164

Office Use Only



000306895410

12/22/17--01024--026 **113.75

FILED
18 JAN -4 PM 12:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
JAN 5 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SPOILED ROTTEN INFLATABLES & PARTY RENTALS, 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:

Jerome Maurer

Contact Person

McLean and Maurer Party Inc.

Firm/Company

1216 NW 13TH ST.

Address

GAINESVILLE, FL 32601

City, State and Zip Code

MAURER 1216 @ YAHOO.COM

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

For further information concerning this matter, please call:

Jerome Maurer at (352) 374-6789

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

JEROME MAURER
1216 NW 13TH ST
GAINESVILLE, FL 32301

SUBJECT: SPOILED ROTTEN INFLATABLES AND PARTY RENTALS, INC
Ref. Number: W17000101164

We have received your document for SPOILED ROTTEN INFLATABLES AND PARTY RENTALS, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 117A00026019

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
18 JAN -4 PM 12:30

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. MASSACHUSETTS, FLORIDA

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SPOILED ROTTEN INFLATABLES & PARTY RENTALS, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY L11- 88457
(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 AUGUST 1, 2011
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:

SPOILED ROTTEN INFLATABLES & PARTY RENTALS, FPC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/20/17
(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.

Signed this 20 day of DECEMBER, 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: Caden Yarbrough
Printed Name: CADEN YARBROUGH Title: PRESIDENT

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

Signature: Caden Yarbrough

Printed Name: CADEN YARBROUGH Title: MEMBER / MGRM

Signature: Kimberly Yarbrough

Printed Name: KIMBERLY YARBROUGH Title: MEMBER / MGRM

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: SPOILED POTTERY INFLATABLES & PARTY RENTALS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

511 NORTH BLVD
MACLENNY, FL 32063

P.O. BOX 167
GLEN ST MARY, FL 32040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CADEN YARBOROUGH, PRES

Address: P.O. BOX 167
GLEN ST. MARY FL 32040

Name and Title: KIMBERLY YARBOROUGH, SEC

Address: P.O. BOX 167
GLEN ST. MARY, FL 32040

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: KIMBERLY YARBOROUGH
Address: 511 NORTH BLVD
MACCLENNY, FL 32063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIMBERLY YARBOROUGH
Address: P.O. BOX 167
GLEN ST. MARY, FL 32040

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

Kimberly Yarbrough
Required Signature/Registered Agent

12/20/17
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.

Kimberly Yarbrough
Required Signature/Incorporator

12/20/17
Date

FILED
18 JAN -4, PM 12:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA