

P18000034516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

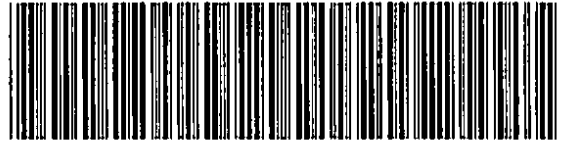
(Document Number)

Certified Copies _____

Certificates of Status _____

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18 APR 16 AM 9:14
APR 16 2018
10:00 AM
10:00 AM

APR 17 2018

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: REVOICED 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:

CHRISTOPHER ROSSI
Contact Person

REVOICED, LLC
Firm/Company

178 MARITIME PLACE # 3-8
Address

ROCKLEEE, FL 32955
City, State and Zip Code

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

For further information concerning this matter, please call:

CHRISTOPHER ROSSI at (516) 314. 2610
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount: N/A (ALREADY SENT & CASHED)

☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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:

REVOICED, LLC 412-52987
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 STATE
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 19TH, 2012
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 FLORIDA STATE

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

REVOICED INC.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: APRIL 15, 2012.

(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.

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18 APR 16 AM 9:14
TALLAHASSEE, FLORIDA
CLERK OF THE SUPREME COURT

Signed this 12TH day of APRIL, 2018

Required Signature for Florida Profit Corporation:

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

Incorporator: CHRISTOPHER ROBERT ROSSI : [Signature]
Printed Name: CHRISTOPHER ROSSI Title: OWNER / CEO / PRESIDENT / MANAGING MEMBER

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

Signature: [Signature]
Printed Name: CHRISTOPHER ROSSI Title: OWNER / 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)

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: REVOICED INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
178 MARITIME PLACE #3-8
ROCKLEDGE, FL 32955

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OVERSEE AND GOVERN THE MANAGEMENT AND PERFORMANCES
OF THE VOCAL QUINTET KNOWN AS "REVOICED" AS WELL AS
ANY OTHER MUSICAL / PERFORMANCE ENSEMBLES THE MEMBERS
OF "REVOICED" FIELD IN THE FUTURE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER ROSSI CEO / PRESIDENT Name and Title: _____

Address: 178 MARITIME PLACE #3-8 Address: _____
ROCKLEDGE, FL 32955

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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JACKSONVILLE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: CHRISTOPHER Rossi

Address: 178 MARITIME PLACE # 3-8
ROCKLEDGE, FL 32955

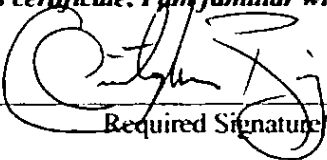
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTOPHER Rossi

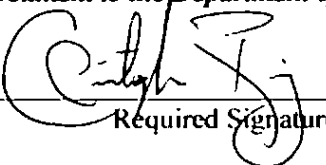
Address: 178 MARITIME PLACE #3-8
ROCKLEDGE, FL 32955

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

 CHRISTOPHER Rossi
Required Signature/Registered Agent

4/12/18
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.

 CHRISTOPHER Rossi
Required Signature/Incorporator

4/12/18
Date

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NOTARIAL PUBLIC
STATE OF FLORIDA