

P18000046609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

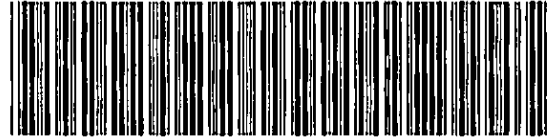
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY 16 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2018

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: VI VibeZ Authentic Virgin Island
Name of Resulting Florida Profit Corporation Cuisine, Inc

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:

Jannaka Byron
Contact Person

Skylex Corporation Int.
Firm/Company

5401 S. Kirkman Rd.
Address

Orlando FL 32819 Suite #235
City, State and Zip Code

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

For further information concerning this matter, please call:

Jannaka Byron at (407) 360-9793
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 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:

V.I. VibeZ Authentic Virgin Island Cuisine LLC
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 U2-152396
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/06/2012
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:

X

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

V.I. VibeZ Authentic Virgin Island Cuisine, 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 listed as the document's effective date on the Department of State's records.

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Signed this 8 day of May, 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: Christine Canton

Printed Name: Christine Canton Title: President X Christine Canton

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

Signature: Christine Canton

Printed Name: Christine Canton Title: MG RM

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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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: V# Vibe2 Authentic Virgin Island Cuisine, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

2191 Bridgewood-trail
Orlando FL 32818

X

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christine Canton (President) Name and Title: _____

Address: 2191 Bridgewood-trail Address: _____
Orlando FL 32818

Name and Title: Secretary Christisha Canton Name and Title: _____

Address: _____ Address: _____

2191 Bridgewood-trail
Orlando FL 32818

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Christine Canton
Address: 2191 Bridgewood Trail
Orlando FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christine Canton
Address: 2191 Bridgewood Trail
Orlando FL 32818

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

Christine Canton
Required Signature/Registered Agent

4/24/18
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.

Christine Canton
Required Signature/Incorporator

4/24/18
Date

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TALLAHASSEE, FLORIDA