

PI8000051016

(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



000313813380

05/31/18--01008--016 \*\*105.00

FILED

18 JUN -6 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
6/1

JUN 08 2018

T SCHROEDER

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: SNZ VENTURES, 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:

Theresa Cornelius  
Contact Person

SNZ VENTURES / BACK PORCH  
Firm/Company

30700 WEKIVA RIVER RD #656  
Address

Sorrento FL 32776  
City, State and Zip Code

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

For further information concerning this matter, please call:

Theresa Cornelius at ( 623 ) 258 6218  
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 and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, 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:

SN2 VENTURES, INC.  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a S. Corp  
(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 3-23-17 - Georgia  
(Enter state, or if a non-U.S. entity, the name of the country)

on March 23, 2017  
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:

\_\_\_\_\_

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

SN2 VENTURES, 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.

**FILED**  
18 JUN -6 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 29 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: \_\_\_\_\_

Printed Name: Theresa Coenclis Title: President

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

Signature: \_\_\_\_\_

Printed Name: Theresa Coenclis Title: President

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)

FILED  
18 JUN -6 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, 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: SNZ Ventures, Inc

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
30700 Wekiwa River Rd  
#656  
Sorrento FL 32776

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
18 JUN -6 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 1500

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Theresa Connelley President      Name and Title: Same - V.P.

Address: 30700 Wekiwa River Rd      Address: Same  
#656  
Sorrento FL 32776

Name and Title: Same as Above      Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_      Address: Treasurer & Secretary

Name and Title: \_\_\_\_\_      Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_      Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Theresa Cornelius

Address: 30700 Wekiva River Rd Lot #656  
Sorrento, FL 32776

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Theresa Cornelius

Address: 30700 Wekiva River Rd Lot #656  
Sorrento, FL 32776

\*\*\*\*\*

*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*

Theresa Cornelius  
Required Signature/Registered Agent

5-29-18  
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.*

Theresa Cornelius  
Required Signature/Incorporator

5-29-18  
Date

FILED  
18 JUN -6 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA