

P1800071277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL 2018

W18-71876

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Pro Studio Supply, 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:

Mark A. Stall
Contact Person

Pro Studio Supply, Inc
Firm/Company

1527 SE Holyrood Ln.
Address

Port St Lucie, FL 34952
City, State and Zip Code

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

For further information concerning this matter, please call:

Mark Stall at (419) 412-8097
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

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TALLAHASSEE
SECRETARY OF STATE

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:

Pro Studio Supply, Inc.
Enter Name of Other Business Entity

2. The "Other Business Entity" is a C-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 Wisconsin
(Enter state, or if a non-U.S. entity, the name of the country)

on October 9, 1975
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:

Port St. Lucie, FL

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

Pro Studio Supply, Inc
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 8/01/18

(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 ~~16th~~ 1st day of August, 20 18.

Required Signature for Florida Profit Corporation:

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

Printed Name: Mark A. Stall Title: President/CEO

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

Signature: Nancy N. Stall

Printed Name: Nancy N. Stall Title: Secretary

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: Pro Studio Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1527 SE Holyrood Ln
Port St Lucie, FL 34952

1527 SE Holyrood Ln
Port St Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We have been selling photographic products
and supplies to professional and amateur photographers
and the general public. We ^{Sell} strictly through
our website prostudiousa.com

ARTICLE IV SHARES

The number of shares of stock is: Common 2500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark A. Stall Pres/Ceo

Name and Title: Nancy N. Stall, Secretary

Address: 1527 SE Holyrood Ln
Port St. Lucie, FL 34952

Address: 1527 SE Holyrood Ln.
Port St. Lucie, FL 34952

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Mark Stall

Address: 1527 SE Holyrood Ln
Port St Lucie, FL 34952

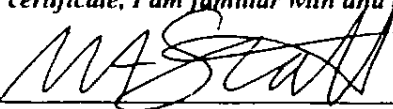
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Stall

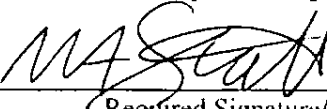
Address: 1527 SE Holyrood Ln
Port St Lucie, FL 34952

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


Required Signature/Registered Agent

8/01/18
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.


Required Signature/Incorporator

8/01/18
Date

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S. DEPT. OF STATE
TALLAHASSEE, FL