

P1800082976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT -2 PM 4:04

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OCT 04 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Lightlines 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:

John Elmore

Contact Person

LightLines Inc.

Firm/Company

1105 22nd Street

Address

Vero Beach, Florida 32960

City, State and Zip Code

elmorejoh82@yahoo.com

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

For further information concerning this matter, please call:

JOHN ELMORE

at (

252) 717-0767

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

19 OCT -2 PM 4:04
FILED

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:

Lightlines, Inc.

Lightlines

Enter Name of Other Business Entity

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

on 6/19/95
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**:

Lightlines, Inc.

Lightlines

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 10/1/18

(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.

18 OCT -2 PM 4:04
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/1/18 BY 60322

Signed this 26th day of September, 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: JOHN E. ELMORE

Printed Name: JOHN E. ELMORE Title: PRES

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

Signature: Jennifer M. Elmore

Printed Name: JENNIFER M. ELMORE Title: VP, SEC/Treas

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)

18 OCT -2 PM 4:04
FALL 18

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: Light lines, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1105 22nd Street
VERO BEACH, FL 32960

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engage in Retail Home furnishings

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN E. ELMORE / PRES. Name and Title: _____

Address: 300 HARBOUR DR, 201-D Address: _____
VERO BEACH, FL 32963

Name and Title: JENNIFER M. ELMORE / VP SEC/TRES Name and Title: _____

Address: 300 HARBOUR DR, 201-D Address: _____
VERO BEACH, FL 32963

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: JOHN E. ELMORE

Address: 300 HARBOUR DR, 201-D
VERO BEACH, FL 32963

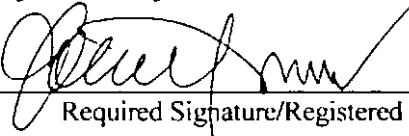
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN E. ELMORE

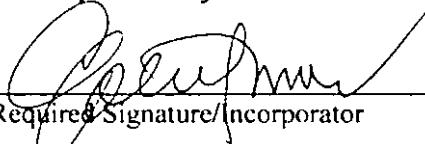
Address: 300 HARBOUR DR, 201-D
VERO BEACH, FL 32963

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

9/26/18
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

9/26/18
Date

FILED
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CLERK