

PI8000102591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

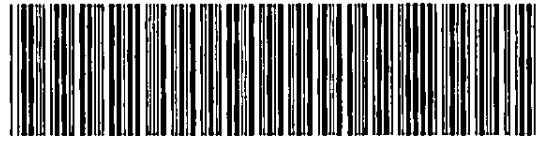
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700322022967

12/17/18--01039--009 **122.50

FILED
18 DEC 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 26 2018
T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: THE OFFICIAL BBL PILLOW CORP.
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:

BRIDGET DESPEN
Contact Person

THE OFFICIAL BBL PILLOW CORP.
Firm/Company

5733 NW 151 ST
Address

MIAMI LAKES FL 33014
City, State and Zip Code

Jericho Financial Corp
BDESPEN@JERICHOFINANCIAL.COM

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

For further information concerning this matter, please call:

BRIDGET DESPEN at (516) 790-1423
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:

THE OFFICIAL BBL PILLOW CORP

Enter Name of Other Business Entity

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

on JANUARY 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:

NYS

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

THE OFFICIAL BBL PILLOW CORP

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 DEC 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 10 day of DECEMBER, 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: BRIDGET DESPEN *Bridget D*

Printed Name: BRIDGET DESPEN Title: PRESIDENT

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

Signature: *Bridget Despen*

Printed Name: *Bridget Despen* 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 DEC 17 AM 10:23
FILED

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: THE OFFICIAL BBL PILLOW CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
5733 NW 151 ST MIAMI LAKES FL 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to sell pillows

ARTICLE IV SHARES

The number of shares of stock is: 20000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIDGET DESPEN (P.VP.S.T)

Address: 5733 NW 151 STREET

MIAMI LAKES, FL 33014

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
18 DEC 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: BRIDGET DESPEN
Address: 5733 NW 151 ST
MIAMI LAKES FL 33014

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BRIDGET DESPEN
Address: 5733 NW 151 ST
MIAMI LAKES FL 33014

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

Bridget Despen
Required Signature/Registered Agent

12-10-2018
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.

Bridget Despen
Required Signature/Incorporator

12-10-2018
Date

FILED
18 DEC 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA