P19000012674

(Requestor's Name)
(Address)
, ,
/A.I.I.
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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OLIVISION OF CORPORATION

C RICO FEB 1 3 2018

COVER LETTER

TO:	Charter Section Division of Corporations					
	PROUD TSHIRTS CORP					
SUB.	JECT:Name o	f Resulting Florid	da Profit	Cornoration		
	nclosed Certificate of Conversion, Articles into a "Florida Profit Corporation" in a	es of Incorporati	on, and fe	ees are submitted to convert ar	n "Other I	Business
Pleas	e return all correspondence concerning th	is matter to:				
GUE	VENY STGEORGES					
	Contact Person		<u> </u>			
PROI	JD TSHIRTS COMPANY LLC					
	Firm/Company	· · · · · · · · · · · · · · · · · · ·				
2099	OPA LOCKA				19 FI	SEANC MS
	Address				(3) (3)	- <u>92</u> - 927
OPA	LOCKA, FL 33054				- F	
	City, State and Zip Co	de			7.	医医
INFC	0@PROUDTSHIRTS.COM				ר	50 20
	E-mail address: (to be used for future an	nual report notifi	cation)			
	urther information concerning this matter	, please call:	205	770 3200		
GUE	VENY STGEORGES	at ()	769 - 3300		
	Name of Contact Person	Area	Code and	d Daytime Telephone Number		
Encle	osed is a check for the following amount:					
□ \$1	05.00 Filing Fees	s □\$113.75 Fil and Certified		■\$122.50 Filing Fees. Certified Copy, and Certificate of Status		
New Divis Clift	EET ADDRESS: Filings Section sion of Corporations on Building Executive Center Circle		New F Divisi P. O. I	ANG ADDRESS: Filings Section on of Corporations Box 6327 hassee, FL 32314		

Tallahassee, FL 32301

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: PROUD TSHIRTS COMPANY LLC 213756
Enter Name of Other Business Entity
LIMITED LIABILITY COMPANY 2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
FLORIDA first organized, formed or incorporated under the laws of
first organized, formed or incorporated under the laws of
11/22/2016 on
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 <u>attached Articles of Incorporation:</u> PROUD TSHIRTS 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.)
<u>Note:</u> 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.

Page 1 of 2

Signed this _	0 DECEMBER day of	. 20	
Required Sig	gnature for Florida Profit Corporation	<u>1:</u>	
Signature of C Incorporator; Printed Name	Chairman, Vice Chairman, Director, Off	icer, or, if Directors or Officers have not bee	en selected, an
		Entity: [See below for required signature(s	
Signature:	Your It tun		-
Printed Name	GUEVENY STGEORGES	MGR Title:	-
Signature: _			_
		Title:	
Signature:			
		Title:	
		Title:	
Signature:			_
		Title:	_
Signature:			_
		Title:	-
If Florida Go Signature of c	eneral Partnership or Limited Liabilit one General Partner.	y Partnership:	
<mark>If Florida Li</mark> Signatures of	mited Partnership or Limited Liability ALL General Partners.	v Limited Partnership:	
If Florida Lin Signature of a	mited Liability Company: a Member or Authorized Representative.		
All others: Signature of a	an authorized person.		
Fees : Certif	ficate of Conversion: for Florida Articles of Incorporation: fied Copy: ficate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	S CORP	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
The principal place of business flaming address is.		
Principal street address	Mailing address, if differ	rent is:
OPA LOCKA, FL 33054		
ARTICLE III PURPOSE The purpose for which the corporation is organized	l is:	
	· · · · · · · · · · · · · · · · · · ·	——
		.p.~
		.c.
ARTICLE IV SHARES The number of shares of stock is:		
The number of shares of stock is:	R DIRECTORS	
The number of shares of stock is:	R DIRECTORS Name and Title:	
The number of shares of stock is:	PRESIDENT.	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OF Name and Title: 7099 OPA LOCKA BLVD	Name and Title: PRESIDENT	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: GUEVENY STGEORGES 2099 OPA LOCKA BLVD	Name and Title: PRESIDENT Address: 2099 OPA LOCKA BLVD	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: GUEVENY STGEORGES 2099 OPA LOCKA BLVD OPA LOCKA BLVD, FL 33054	Name and Title: PRESIDENT Address: OPA LOCKA BLVD VICE PRESIDENT	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OF Name and Title: QUEVERY STGEORGES Address: OPA LOCKA BLVD Name and Title: ERLINE STGEORGES 2099 OPA LOCKA BLVD	Name and Title: PRESIDENT 2099 OPA LOCKA BLVD OPA LOCKA, FL 33054 Name and Title: VICE PRESIDENT 2099 OPA LOCKA BLVD	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: GUEVERY STGEORGES 2099 OPA LOCKA BLVD OPA LOCKA BLVD, FL 33054 Name and Title: ERLINE STGEORGES Address: 2099 OPA LOCKA BLVD	Name and Title: PRESIDENT 2099 OPA LOCKA BLVD OPA LOCKA, FL 33054 Name and Title: VICE PRESIDENT 2099 OPA LOCKA BLVD Address: OPA LOCKA, FL 33054	

SECHETARY OF STATE SECHETARY OF STATE JIVISION OF CORPORATIONS

	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NOT a	eceptable) of the registered agent is:
Name:	ERLINE STGEORGES	
Address:	2099 OPA LOCKA BLVD	
1001005	OPA LOCKA, FL 33054	
ARTICL.	F WILL INCORPORATOR	
	E VII INCORPORATOR and address of the Incorporator is:	
Name:	GUEVENY STGEORGES	
Address:	2099 OPA LOCKA BLVD	
	OPA LOCKA, FL 33054	
*****	*************	*******
Having be this certifi	en named as registered agent to accept servic cate A my familiar with and accept the appoin	of process for the above stated corporation at the place designated tment as registered agent and agree to act in this capacity
Øf.		12/30/2018
	Required Signature/Registered Agent	Date
l submit ti document	his document and affirm that the facts stated \hat{po}_{λ} the Department of State constitutes a third	nerein are true. I am aware that any false information submitted i legree felony as provided for in s.817.155, F.S.
	Chin 1 St pren	12/30/2018
	Required Signature Uncorporator	Date

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