

PM 000 019 927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

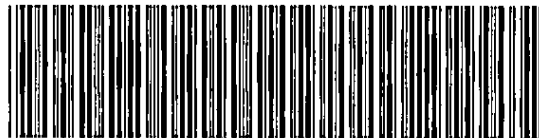
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RECEIVED  
19 MAR -1 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 11 2019

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** SO BARKING GOOD 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:

BILL HARVE

\_\_\_\_\_  
Contact Person

REGISTERED AGENTS INC. (C/O SO BARKING GOOD INC)

\_\_\_\_\_  
Firm/Company

7901 4TH ST N STE 300

\_\_\_\_\_  
Address

ST. PETERSBURG, FL. 33702

\_\_\_\_\_  
City, State and Zip Code

OFFICE@TAXMK.COM

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

For further information concerning this matter, please call:

ZVI MINSTER at (212) 444-1393 EXTENSION 1

\_\_\_\_\_  
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

**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:

SO BARKING GOOD LLC

Enter Name of Other Business Entity

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

on February 05, 2019

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:**

SO BARKING GOOD 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  
19 MAR - 1 AM 9:00  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Signed this 24 day of February, 2019.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: ZVI MINSTER

Printed Name: ZVI MINSTER Title: Incorporator

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

Signature: ZVI MINSTER

Printed Name: ZVI MINSTER Title: Authorized Representative

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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19 MAR - 1 AM 9:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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) |

**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: SO BARKING GOOD INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7901 4TH ST N STE 300

ST. PETERSBURG, FL. US 33702

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

FOR ANY AND ALL LAWFUL BUSINESS

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19 MAR - 1 AM 9:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: ISAAC ELOZORY

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

Address: 7901 4TH ST N STE 300

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

ST. PETERSBURG, FL. 33702 US

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

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

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

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

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

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

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

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

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: REGISTERED AGENTS INC.  
Address: 7901 4TH ST N STE 300  
ST. PETERSBURG, FL. 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ZVI MINSTER  
Address: 57 YIGAL ALON ST  
TEL AVIV, ISRAEL, 67891

\*\*\*\*\*  
*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

02/24/2019

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

02/24/2019

Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

19 MAR - 1 AM 9:01

FILED