# P19000036409

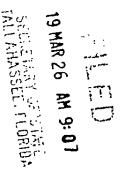
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
0	1014	

Office Use Only



800324631458

U2/28/19--U1017--008 \*\*105.00



N CULLIGAN MAR 2.8 2019

#### **COVER LETTER**

·TO: Charter Section

Tallahassee, FL 32301

Division of Cor	porations	,		
SUBJECT:S	hade Solu Name of	tions by T Resulting Florida Profit	Corporation	Desyns, =
The enclosed Certificate Entity" into a "Florida F	e of Conversion, Articles Profit Corporation" in ac	s of Incorporation, and ecordance with s. 607.11	fees are submitted to conver	rt an "Other Busines
Please return all corresp	ondence concerning this	s matter to:		
	Cly Klein Contact Person			
Shade	Solutions Firm/Company	by JKShu	dio Desigr	is, (IC
3452	) Bayfield Address	s 5t		
	oa F/ 3			
	City, State and Zip Code	c		
E-mail address: (to	Idio de Signo o be used for future annu	5 @ awl.	COM	
For further information	concerning this matter.	please call:		
	_		636-1487 ad Daytime Telephone Num	ber
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 Corporation Clifton Building 2661 Executive Center (		New l Divis: P. O.	EING ADDRESS: Filings Section ion of Corporations Box 6327 hassee, FL 32314	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2019

JEFFREY KLEINMAN 3452 BAYFIELD STREET COCOA, FL 32926

SUBJECT: SHADE SOLUTIONS BY JD STUDIO DESIGN, LLC

Ref. Number: W19000022519

We have received your document for SHADE SOLUTIONS BY JD STUDIO DESIGN, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

J

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

List the name in #1 of the Conversion form exactly as it appears on DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

DO DOV COOF TO U.S. DV 11 000

Letter Number: 819A00004777

## 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:
Shade Solutions by JK Studio. Designs, LLC. Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter state, or if a non-U.S. entity, the name of the country)
on 9/13/2010
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> :  Shade Solutions by JK Shade Designs, 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.

Signed this 14 day of Gancial	20 2019.
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Jan The Printed Name Title: Proposition of the Proposition	per, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature: Jofful Kleyman Printed Name: Jeffrey Kleyman	
Printed Name:	n Title: <u>momber</u>
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 Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnersnip:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate 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)

The name of the corporation shall be:	utions by JK Studio Lesigns
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	J THC
Principal street address 3452 Pay Field St COCORFI 32926	Mailing address, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  THE PURPOSE  THE PU	19 HAR 28 AM 9: 01  TALL PHASSEE. FLORE
ARTICLE IV SHARES / / )	Gr
The number of shares of stock is:	
Name and Title: Jeffrey L. Clein man  Address: 3452 Bay Reld S  (CX 02 F1 32986	Name and Title:
Name and Title:  Address:	Name and Title:
Name and Title:  Address:	Name and Title:  Address:

ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the	registered agent is:	
Name: Je ffrey (lei in MOA)		
Address: 3452 Bay Field St		
Cox 06 F1 32926		19 MA
ARTICLE VII INCORPORATOR		70 June 2
The <u>name and address</u> of the Incorporator is:		388 100 m
Name: Jeffrey (Cleinman		THE STORY
Address: 3452 Bay Field St		ORIO OT
Cocoa #132926		r Transfer
**************	********	
Having been named as registered agent to accept service of process for this certificate. I am familiar with and accept the appointment as registe	the above stated corporation red agent and agree to act is	n at the place designated in n this capacity
NALLA THINTIMA	2/14/19 Date	
Required Signature/Registered Agent	Date	
I submit this document and affirm that the facts stated herein are true. document to the Department of State constitutes a third degree felony as	I am aware that any false s provided for in s.817.155, i	information submitted in a F.S.
Salara Yleroman	2114/19	
Required Signature/Incorporator	Date	

.