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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

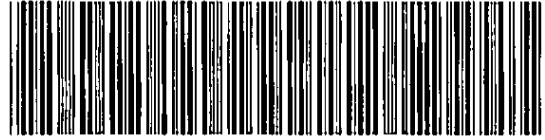
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FALLAHSSEE, FLORIDA



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APR 08 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2019

MARK ANTHONY PARRILLA-FOCARILE
PO BOX 376
LAKE WORTH, FL 33460

SUBJECT: PRODIGITAL IMPRESSIONS, INC.
Ref. Number: W19000026209

We have received your document for PRODIGITAL IMPRESSIONS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please list the complete principal office address.

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.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 919A00006505

Division of Corporations
Tallahassee, Florida

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COVER LETTER

TO: Charter Section
Division of Corporations
ProDigital Impressions, Inc.

SUBJECT: _____
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:

Mark Anthony Parrilla-Focarile

Contact Person

ProDigital Impressions, Inc.

Firm/Company

701 South A Street

Address

Lake Worth, FL 33460

City, State and Zip Code

markparrilla@me.com

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

For further information concerning this matter, please call:

Mark A. Parrilla-Focarile at (561) 201-2851

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:
ProDigital Impressions, LLC.

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.)

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 June 16, 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:

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

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TALLAHASSEE, FLORIDA



Signed this 6th day of August, 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: [Signature]
Printed Name: Mark A. Parrilla-Focarile Title: CEO

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

Signature: [Signature]
Printed Name: Mark A. Parrilla-Focarile Title: CEO

Signature: [Signature]
Printed Name: Michael A. Focarile-Parrilla Title: CFO

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)

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TALLAHASSEE, FLORIDA



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

ARTICLE I NAME ProDigital Impressions, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

Lake Worth, FL 33460

701 South A Street

P.O. Box 376

Lake Worth, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide a full array of professional services including but not limited to photography, videography,

digital production, visual arts education, information technology consulting, social media marketing.

ARTICLE IV SHARES 1,000,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____
Mark A. Parrilla-Focarile, MGR

Name and Title: _____
Michael A. Focarile-Parrilla, MGR

Address: _____
Lake Worth, FL 33460

Address: _____
Lake Worth, FL 33460

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA



ARTICLE VI REGISTERED AGENT

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

Name: Mark A. Parrilla-Focarile

Address: 101 South A Street
Lake Worth, 33460
FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ~~Mark A. Parrilla-Focarile~~
Michael

Address: 101 South A Street
Lake Worth, FL 33460

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

Mark A. Parrilla
Required Signature/Registered Agent

08/06/18
Date

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.

Mark A. Parrilla
Required Signature/Incorporator
Nike Parik

08/06/18
Date

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TALLAHASSEE, FLORIDA

