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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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COVER LETTER

TO:	Charter Section Division of Co						
SUBJI	FCT: JOANNE J	OHNSON INTERIOR D	ESIGN, INC.				
Name of Resulting Florida Profit Corporation							
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Oth 15, F.S.	er Business	
Please	return all corres	pondence concerning thi	s matter to:				
JOANI	NE JOHNSON						
		Contact Person					
JOANI	NE JOHNSON II	TERIOR DESIGN, INC					
	· ·	Firm/Company					
17405	LOCH LOMON) WAY					
		Address					
BOCA	RATON, FL 334	96					
	··	City, State and Zip Cod	e				
JJOHN	NS@DILL.NO2	AIL.COM					
E	-mail address: (t	o be used for future ann	ual report noti	fication)			
For fur	ther information	concerning this matter,	please call:				
JOAN	NE JOHNSON		312 at (209-2	809		
-	Name of Co	ontact Person		a Code and	l Daytime Telephone Number		
Enclos	ed is a check for	the following amount:					
= \$10:	5.00 Filing Fees	□S113.75 Filing Fees and Certificate of Status	🗖\$113.75 F and Certified		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
New Fi Division Clifton	ET ADDRESS: ilings Section on of Corporation Building xecutive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314		

Tallahassee, FL 32301



Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
JOANNE JOHNSON INTERIOR DESIGN, INC.
Enter Name of Other Business Entity
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 ILLINOIS
(Enter state, or if a non-U.S. entity, the name of the country)
02/27/2007 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:
ILLINOIS
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> JOANNE JOHNSON INTERIOR DESIGN, 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.

Page 1 of 2



13174 22					
Signed this 12H 77 day of JANHARY JUNE	20				
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: JOHNSON Title: PRESIDENT					
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]				
Signature: Janu Almson					
Printed Name: Signature: Almson	Title: PRESIDENT				
Signature: Atlant Allerson					
Printed Name:					
Signature:					
Printed Name:	_ Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:					
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)

Page 2 of 2



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

ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address in	s:
Principal street address 7405 LOCH LOMOND WAY	Mailing address, if different is:
BOCA RATON, FL 33496	
ARTICLE III PURPOSE	
The purpose for which the corporation is organ	
THE TRANSACTION OF ANY OR ALL LAWFL	JL BUSINESSES FOR WHICH CORPORATIONS MAY BE
INCORPORATED UNDER THE FLORIDA BUS	SINESS CORPORATION ACT
ADTICI D IV. CUADDO	
ARTICLE IV SHARES 1,000 The number of shares of stock is:	
The number of shares of stock is:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND	
ARTICLE V INITIAL OFFICERS AND	-NT
ARTICLE V INITIAL OFFICERS AND JOANNE JOHNSON, PRESIDI	ENT Name and Title:
ARTICLE V INITIAL OFFICERS AND JOANNE JOHNSON, PRESIDE Name and Title: 17405 LOCH LOMOND WAY	-NT
ARTICLE V INITIAL OFFICERS AND JOANNE JOHNSON, PRESIDI	ENT Name and Title:
Name and Title: 17405 LOCH LOMOND WAY BOCA RATON, FL 33496	Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND JOANNE JOHNSON, PRESIDINATES: 17405 LOCH LOMOND WAY BOCA RATON, FL 33496 JOANNE JOHNSON, SECRET	Name and Title: Address:
Name and Title: BOCA RATON, FL 33496 Name and Title: JOANNE JOHNSON, PRESIDENT Address: BOCA RATON, FL 33496 JOANNE JOHNSON, SECRET	Name and Title: Address:
Name and Title: BOCA RATON, FL 33496 Name and Title: JOANNE JOHNSON, PRESIDENT Address: BOCA RATON, FL 33496 JOANNE JOHNSON, SECRET	Address: Address: ARY Name and Title:
ARTICLE V INITIAL OFFICERS AND JOANNE JOHNSON, PRESIDE Address: BOCA RATON, FL 33496 Name and Title: JOANNE JOHNSON, SECRET Address: 17405 LOCH LOMOND WAY 17405 LOCH LOMOND WAY	Address: Address: ARY Name and Title:
ARTICLE V INITIAL OFFICERS AND Name and Title: 17405 LOCH LOMOND WAY BOCA RATON, FL 33496 Name and Title: 17405 LOCH LOMOND WAY Address: BOCA RATON, FL 33496 17405 LOCH LOMOND WAY BOCA RATON, FL 33496	Name and Title: Address: ARY Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND JOANNE JOHNSON, PRESIDE Address: BOCA RATON, FL 33496 Name and Title: JOANNE JOHNSON, SECRET Address: 17405 LOCH LOMOND WAY 17405 LOCH LOMOND WAY	Name and Title: Address: ARY Name and Title: Address:

ARTICL		eable) of the ampietaned operation
The <u>name</u>	and Florida street address (P.O. Box NOT accept	table) of the registered agent is:
Name:	JOANNE JOHNSON	
Address:	17405 LOCH LOMOND WAY	
	BOCA RATON, FL 33496	
<u>ARTICL</u>		
The name	and address of the Incorporator is:	
Name:	JOANNE JOHNSON	
Address:	17405 LOCH LOMOND WAY	
	BOCA RATON, FL 33496	
******	*************	*******
this certifi	cate, I am familiar with and accept the appointme	process for the above stated corporation at the place designated in at as registered agent and agree to act in this capacity (13/2019 01/47/2019
	Required Signature/Registered Agent	·
V	/ Required Signafure/Registered Agent	Date
	his document and affirm that the facts stated here to the Department of State constitutes a third degi	in are true. I am aware that any false information submitted in a ee felony as provided for in s.817.155, F.S.
	Required Signature Incorporator	01/12/2019 6/13/2019
	Required Signature/Incorporator	Date

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SECRETARY OF SORPCRATION.

19 JUN 18 AM II: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA