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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
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OF CORPORATIONS

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COVER LETTER

Charter Section
Division of Corporations

Tallahassee, FL 32301

TO:

SUBJECT: HAJE A NICE	DAHLIA INC	
	Resulting Florida Profit Corporation	
The enclosed Certificate of Conversion, Articles Entity" into a "Florida Profit Corporation" in ac	s of Incorporation, and fees are submitted to convert an "Other ecordance with s. 607.1115, F.S.	Business
Please return all correspondence concerning this	s matter to:	
SALLY WADE		
Contact Person	.	s #
HAVE A NICE DAHLI	AINC	ASEORE!
Firm/Company	ā	
723 N 14th ST	·	COF STORA
Address		5 <u>Ş</u>
LEESBURG, FL 3	X+748	75
City, State and Zip Code	e	
Sallyandsarah a	aol-com	
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter,	please call:	
SALLY WADE	at (352) 326 3262	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	·	
□ \$105.00 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	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 <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 Convers	ion is:	
Have a Nice Dahlia ETE		
Enter Name of Other Business Entity	19	: -2,,
2. The "Other Business Entity" is a	JUL 18 AM 11: 13	ISION OF CORPORATIONS SCORE TARY OF STATE FILLED
on Enter date "Other Business Entity" was first organized, formed or incorporated		77
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of vorganized, formed or incorporated:		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Have a Nice Dahlia UC Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date: 1112019. (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da listed as the document's effective date on the Department of State's records.		٧.

Signed this 11th day of July	. 20 (9
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: SAUT WADE Title: Presented Name:	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business F	Intity: [See below for required signature(s).]
Signature:	
Printed Name: SAUY WADE	Title: PRESIDENT
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:
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

Page 2 of 2

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy:

Certificate of Status:

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

ARTICLE I		House	a Nice	2 Dahla Inc
The name of the	corporation shall be:	nave	<u>~ 1410</u>	
	PRINCIPAL OFFIC ice of business/mailing add			
1	Principal street address			Mailing address, if different is:
			_	Maning address, if different is.
72	3 N 14th St	<u> </u>	_	
_ Lee	3 N IUTS St	34748	<u> </u>	
ÀRTICLE III				
	which the corporation is			
11 +	flower sh	<u>ab </u>		
		<u> </u>		
		-	<u> </u>	
11		<u> </u>		
•••				
ARTICLE IV The number of sl	SHARES hares of stock is:	00		
	INITIAL OFFICERS			
Name and Title:	Sally An Wo	ide Presid	か とName and	l Title:
Address:	33140 lon			
yduress.	Lecoburg, Fi			
-	Ceopory, Fr	_ 3410		
Name and Title:	· <u></u>		_ Name and	I Title:
Àddress:			_ Address:	
_			_	
Name and Title:				f Title:
* *				
Address:			_ Address:	

The name and Florida s	treet address (P.O. Box NOT accept	table) of the registered agent is:		
Name: Sally	1 Ann Wade			
Address: 3314	o Irongate Dr			
Lees	ourg, FL 34788		19 JUL	5 25 25 25
ARTICLE VII INC	CORPORATOR		20	워즐길
The name and address	of the Incorporator is:			02 7 7 7
Name: Say	y Ann Wade Drive Urg, Ph 3478F		<u> </u>	OF STA
Address: 3314	o Irongate Drive	,	ω	SNOIJ 31
leash	JG 192 3478F			
v :				
*****	*********	********		
		process for the above stated corporation at a nt as registered agent and agree to act in thi		esignated in
		7/11/2019		
. Required Sig	gnature/Registered Agent	Date		
		in are true. I am aware that any false info	rmation su	bmitted in a
document to the Departi	nent of State constitutes a third degr	ee felony as provided for in s.817.155, F.S.		
		7/11/2019		
Required Sig	nature/Incorporator	Date		

ARTICLE VI REGISTERED AGENT

 g_{th}