## P19000073674

(Requ	uestor's Name)		
(Addr	ress)		
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(City/	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Fi	ling Officer:		

Office Use Only



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NECRETARY OF STATE

D O'KEEFE SEP 2 7 2019

W19-8600



September 23, 2019

DEBBIE DRENNAN PURPLE PLUM BOUTIQUE 645 BEACHLAND BLVD. VERO BEACH, FL 32963

SUBJECT: PURPLE PLUM BOUTIQUE

Ref. Number: W19000086006

We have received your document for PURPLE PLUM BOUTIQUE and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

DANIEL L O'KEEFE Regulatory Specialist II

> NEGWEITÆR ER STAFF ALLAHASSEE, FLORID

Letter Number: 919A00019677

## COYER LETTER

TO: Charter Section Division of Corporations
SUBJECT: Purple Plum Boutique Inc Name of Resulting Florida Profit Orporation
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:
Debbie Drennan Contact Person
Purple Plum Boutique, Inc
645 Beachland Blvd.
Vero Beach FL 32963  City, State and Zip Code
dorennan a Durple plum boutique, cor E-mail address: (to be used for future annual leport notification)
For further information concerning this matter, please call:  Debie Drennen at (772) 999-2589  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 and Certificate of and 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:  Purple Jum Bouti Rue Jac.  Enter Name of Other Business Entity  Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
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:
The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:  Purple Plum Boutique Inc  Enter Name of Florida Profit Corporation:
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 isted as the document's effective date on the Department of State's records.

Page 1 of 2

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Signed this 34 day of September	, 20 <u>19</u>
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Cauman, Director, Office Incorporator: Alle Printed Name: Debie Drenger Title: Office	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business E.	ntity: [See below for required signature(s).]
Signature:	
Printed Name: Debbie Drannan	
Signature: Muleum M	
Printed Name: QCV 51118500	erille: Vice-President
Signature: Vicinity	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida General Partnership or Limited Liability P Signature of one General Partner.	artnership:
If Florida Limited Partnership or Limited Liability L. Signatures of ALL General Partners.	imited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	LAHAS
All others: Signature of an authorized person.	LAHASSEE, F
Fees for Florida Articles of Incorporation: Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

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

The name of the corporation shall be: Purple F	lum Boutique Inc
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	, , , ,
Principal street address Beachland Blud.	Mailing address, if different is:
Vero Beach, FL 32963	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  re-tail Shop for clot	hing, shoes and
~ ~ ~	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	S
Name and Title: Debbie Drennan President Name Address: 1344 Shorewinds Lane Address	
Vero Beach, FL 32963	
N'anna a 1 (1917)	and Title:
Address: Addre	5S:
Name and Title:Name	and Title:
Address: Addres	ss: Reference Re

ARTICLE VI REGISTERED AGENT  The nume and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name: Debie Drennan	
Address: 1344 Shorewinds Lane	
Vero Beach, FL 32963	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Debbie Drennan	
Address: 1344 Shorewinds Lane	
Viero Beach, FL 32963	
·	
立字次用水本港南南京教师代献市山南海市市市南部市中省港市市市水市的北京教育的西京教育的大学教育文学业业业工业中的专家的工作的工作的工作。	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am fundition with and accept the appointment as registered agent and agree to act in this capacity	in
Required Signature/Registered A year	
Required Signature/Registered Agent Date	
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	а
11 St. 10	
Required Signature/Incorporator  Date	

FILED

19 SEP -9 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA