# P20000056603

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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TALLAHASSEF CF, STATE

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#### **COVER LETTER**

TO:	New Filing Se Division of Co					
SUB.	JECT:	Dress	aae Deva	Hee	$\binom{1}{2}$	
			Resulting Florida Pr	ofit Corpora	ation	_
		of Conversion. Articles o Profit Corporation" in acc	-			the following eligibl
Pleas	e return all corre	spondence concerning this	s matter to:			
		Samie Sau Contact Person	yel			
		Firm/Company				
	1039	Weddom he	allo ox			
		City, State and Zip Cod	3355Va	>		
	E-mail address:	(to be used for future anni	O Veiza	n)	C	
For fi	urther informatio	n concerning this matter,	please call:			
	Name of C	Source Contact Person	_at ( <u>72)-</u> )_ Area Code	99). and Daytin	7059 ne Telephone Nu	_ mber
Enclo	sed is a check fo	or the following amount:				
□ \$1	05.00 Filing Fee	s □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing F and Certified Copy	Certifi	2.50 Filing Fees, ed Copy, and cate of Status	
	Mailing Add New Filing S Division of C P.O. Box 632	Section Corporations	No Di			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### Articles of Conversion

For

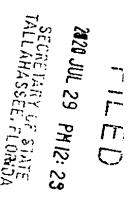
#### **Converting Eligible Entity**

Into

#### Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Dessage Devotee LLC.  Poter Name of the Converting Entity
Ponter Name of the Converting Entity
2. The converting entity is a
first organized, formed or incorporated under the laws of Flocial  (Enter state, or if a non-U.S. entity, the name of the country)
on Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
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 Flo Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not
listed as the document's effective date on the Department of State's records.



Signed this 12 day of June	. 20 7.0
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, if Directors or Office	
Printed Name: <u>Jame Saug</u> ritle: F	oresident
companies: [See below for required signature(s).]	ida partnerships, limited partnerships, and limited liability
Signature:	
Signature:	Title:
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.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:	
Articles 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 FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	Dec. (6	Novela	( -
The name of the	corporation shall be:	1xessage	De votee.	
ARTICLE II	PRINCIPAL OFFICE			
	ce of business/mailing addre	ss is:		
	Deignal attends address		Mailina addeana if di	(Canant io
\O?	Principal street address  Outline	hallo or	Mailing address, if di	irretent is:
	Desso Fr 3			
	MUDA PU T	<del>5522</del> 6		
The purpose for	<b>PURPOSE</b> which the corporation is org	ganized is:		
	•	•	<b>O</b> =	$\circ$
This	Conforation is	s adaviscy for	. the triba	26 Ot
Tran	Sartine any	and all la	while business	).
	1			
	CHADEC .			
The number of sh	SHARES nares of stock is:	100		
ARTICLE V	OFFICERS AND/OR D			
Name and Title:	Jamie Sau	Name and	Fitle:	
	\	J .		
Address:	1000 Wadh	am Lallo Maddress:		
_	Odessa, R.	33556		
Name and Title	•	Nome and	Tiele.	
name and Title:	<del></del>	Name and	Fitle:	*
Address:		Address:		
_	, · · · · · · · · · · · · · · · · · · ·		<u> </u>	
Name and Title:		Name and	Γitle:	- <u>-</u> .
Address:				
Address.		Address:	<del></del>	
_				<del></del>

ARTICLE The name		<u>GENT</u> (P.O. Box NOT acceptable) of the n	egistered agent is:
Name:	Jamie S	aurer	
Address:	1039 Wynd	ilyam Lako or	
	Oderson F	FL 33556	
******	*******	**********	*****
-			e above stated corporation at the place designa d agent and agree to act in this capacity
	11-		<u>le/12/2020</u>
	Required Signature/Registe	ered Agent	Date