P20000091297

| (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: | | |
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| | | |

Office Use Only

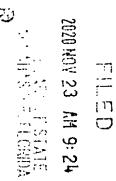
MJW0 129513

T. SCOTT



600354065566

11/03/20--01905--014 ++122.50





November 12, 2020

MAUREEN BARRE 6101 34TH ST. W. APT. 17G BRADENTON, FL 34210

SUBJECT: LIGHT VISION CONCEPTS, INC.

Ref. Number: W20000129513

We have received your document for LIGHT VISION CONCEPTS, INC. 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 Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of 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.

Letter Number: 820A00022571

Tyrone Scott Regulatory Specialist II New Filings Section

| COVER LETTER |
|--|
| TO: New Filing Section Division of Corporations SUBJECT: Light Vision Concepts, Inc. |
| Name of Resulting Florida Profit Corporation |
| The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to converentity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S. |
| Please return all correspondence concerning this matter to: |
| Maureen Barre |
| Contact Person |

6101 34th St. W Apt. 17G

Light Vision Concepts, Inc.

Address

Firm/Company

Bradenton, FL 34210

City, State and Zip Code

maureenbarre1@gmail.com

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

For further information concerning this matter, please call:

| Maureen Barre | _{at (} 203 | ,209-8947 |
|------------------------|---------------------------|-----------|
| Name of Contact Person | Area Code and Daytime Tel | |

Area Code and Daytime Telephone Number

the following eligible

Enclosed is a check for the following amount:

□ \$105.00 Filing Fees □ \$113.75 Filing Fees and Certificate of Status □ \$113.75 Filing Fees □ \$1122.50 Filing Fees. □ \$122.50 Filing Fee

Mailing Address:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

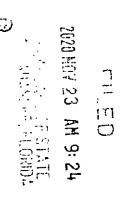
Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: |
|--|
| Light Vision Concepts, LLC |
| Enter Name of the Converting Entity |
| 2. The converting entity is a Limited Liability Company |
| (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 November 6, 2019 |
| 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> : Light Vision Concepts, Inc. |
| 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: |
| 5. If not effective on the date of filing, enter the effective date: November 15, 2020 (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.) |
| <u>Note:</u> 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. |
| |
| |



ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I. NAME The name of the corporation shall be: Light Vision Concepts, Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: Principal street address Mailing address, if different is: 6101 34th St. W. #17G Bradenton, FL 34210 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To consult, design and sell lighting ARTICLE IV SHARES The number of shares of stock is: ARTICLE V OFFICERS AND/OR DIRECTORS Jame and Title: Maureen Barre, Co-President Name and Title: Craig Barre, Co-President 6101 34th St W. #17G 6101 34th ST. W. #17G ddress: Address: Bradenton, FL 34210 Bradenton, FL 34210 Name and Title: ame and Title: ddress: Address: Name and Title: ime and Title: ldress: Address:

| Signed this 28day of October | 20 |
|--|--|
| Required Signature for Florida Profit Corporation | |
| Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, Officer, or, if Directors or Officer. Signature of Director, or, if Director, or, if Directors or Officer. Signature of Director, or, if | -President |
| companies: [See below for required signature(s).] | rida partnerships, limited partnerships, and limited liability |
| Signature: Maureen I Bu Printed Name: Maureen Barre | ne |
| Printed Name: Maureen Barre | Title: Managing Member |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | y Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners. | v 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) |

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

Name: Maureen Barre

Address: 6101 34th St. W #17G

Bradenton, FL 34210

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

Required Signature/Registered Agent

October 28, 2020

Date