P24000019763

(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	



200358992592

01/29/21--01016--010 ++122.50

21 FEB - 1 PH 3: 42
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

10

D O'KEEFE MAR () 1 2921

W21-26606



February 25, 2021

CLIFF LEWIS PERIODIC, INC 7901 4TH ST. N, STE 4947 ST. PETERSBURG, FL 33702

SUBJECT: PERIODIC, INC Ref. Number: W21000026606

We have received your document for PERIODIC, 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):

Please complete the marked sections in the Articles of Conversion. A signature is missing.

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

SEGNETARY OF STATE
TALLAHASSEE, FLORIDA

Letter Number: 721A00004205

FEB -1 PM 3:

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Periodic, Inc	
Name of Resulting F	lorida Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporatentity into a "Florida Profit Corporation" in accordance wit	tion, and fees are submitted to convert the following eligible h ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:	
Cliff Lewis	
Contact Person	
Periodic, Inc	
Firm/Company	
7901 4th St. N, STE4947	
Address	
St. Petersburg, FL 33702	
City, State and Zip Code	
cliff.lewis@periodicinc.com	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Cliff Lewis at (719	,2139257
	rea Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$105.00 Filing Fees □ \$113.75 Filing Fees □ \$113.75 and Certificate of and Certificate of Status	Filing Fees \$\Bigsis \$\Bigsis \$122.50\$ Filing Fees, ed Copy Certified Copy, and Certificate of Status
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	Street Address: New Filing Section Division of Corporations The Centre of Tallahassee

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.

Periodic, Inc
Enter Name of the Converting Entity
2. The converting entity is a Periodic, Inc
(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 Colorado
(Enter state, or if a non-O.S. entity, the name of the country)
on 9/20/2014
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Periodic, 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: 2/1/21
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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.

21 FEB -1 PM 3: 42 SECRETARY OF STATE

Signed this 26 day of January	. 20_2	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office OCCUPATION Printed Name: Michelle Lewis _Title: CEO	· 	
Required Signature(s) on behalf of Converting Flori companies: [See below for required signature(s).]	da partnerships, limited partnerships, a	nd limited liability
Signature: WCCUL CCC		
Printed Name: Wichelle Lewis		
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:	<u> </u>	
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:	21 FE SECNE TALLAI
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		EB-1 1
All others: Signature of an authorized person.		PH 3: 42 PH 3: 42 STATE E, FLORIDA
Febs: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy; Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	2)A

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

The name of the	he corporation shall be: Periodic, Inc		<u> </u>
ARTICLE II. The principal	PRINCIPAL OFFICE place of business/mailing address is:		
	Principal street address		Mailing address, if different is:
7901 4th	n St. N, STE 4947		
St. Pete	rsburg, FL 33702		
	II PURPOSE for which the corporation is organized is: all lawful business		
			2) FEB SECKE TAILLAIR
			-1 PM 3: L
ARTICLE I The number o	V SHARES f shares of stock is:		
	V OFFICERS AND/OR DIRECTORS		
Name and Tit	nle: Michelle L Lewis, CEO	Name and Tit	le: Cliff R. Lewis, COO/Secretary
Address:	86354 N Hampton Club Way	Address:	86354 N Hampton Club Way
	Fernandina Beach, FL 32034		Fernandina Beach, FL 32034
Name and Tit	ile:	Name and Titi	le:
Address:		Address:	· — — — — — — — — — — — — — — — — — — —
Name and Tit	Ja.	Na	1
	le:		le:
Address:		Address:	
•			
			

ARTICLE VI REGISTERED AGENT

he name and Florida street address	(P.O.	Box No	OT acceptab	ole) of th	ne registered	agent is:
------------------------------------	-------	--------	-------------	------------	---------------	-----------

Name:

Registered Agents Inc.

Address:

7901 4th St N, STE 300

St. Petersburg , FL 33702

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

01/26/2021

Date

21 FEB -1 PM 3: 42
SECRETARY OF STATE