

P210000 61773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

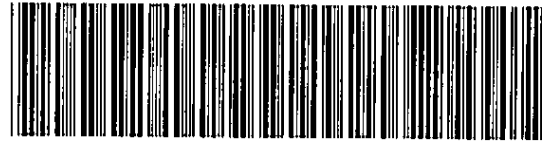
(Document Number)

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Special Instructions to Filing Officer:

W210000 82386

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2021 JUN 25 PM 2:38  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2021

GARET GREEN  
143 CREEKVIEW DR  
PENSACOLA, FL 32503

SUBJECT: LUMENSHIELD  
Ref. Number: W21000082386

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CALLAHAN/SECURITY

We have received your document for LUMENSHIELD 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.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 821A00012392

2021 JUN 25 PM 12:12

TO: New Filing Section  
Division of Corporations

SUBJECT: **LumenShield**

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

**Garet Green**

Contact Person

**LumenShield, LLC**

Firm/Company

**143 Creekview Dr**

Address

**Pensacola, FL 32503**

City, State and Zip Code

**garetgreen1996@gmail.com**

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

For further information concerning this matter, please call:

**Garet Green** at ( **850** ) **736-5477**

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 and Certificate of Status     \$113.75 Filing Fees and Certified Copy     \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**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

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TALLAHASSEE, FL

**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:

LumenShield, 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 3-01-2019  
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**:

LumenShield Corp.

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: 3/30/2021

(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 listed as the document's effective date on the Department of State's records.

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**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

*Garet Green*

Printed Name: Garet Green Title: Director

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: *David Stulajter*

Printed Name: David Stulajter Title: Managing Member

Signature: *Garet Green*

Printed Name: Garet Green Title: Managing Member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of **ALL** General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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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: LumenShield Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

21 N Sunset Blvd

Gulf Breeze, FL 32561

United States

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

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**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Garet Green, Director

Name and Title: David Stulajter, Director

Address: 143 Creekview Dr  
Pensacola, FL 32503

Address: 21 N Sunset Blvd  
Gulf Breeze, FL 32561

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Garet Green  
Address: 143 Creekview Dr  
Pensacola, FL 32503

\*\*\*\*\*  
*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

4/18/2021  
Date

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