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# FLORIDA FILING & SEARCH SERVICES, INC.

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**DATE:** 2/1/22

**NAME:** ANKE DESIGN CORPORATION

TYPE OF FILING: CONVERSION

COST: 113.75

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## COVER LETTER

TO:	New Filing Section
	Division of Corporations

SUBJECT: ANKE Design Corporation

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:

Lieselotte Ank	(e			
	Contact Person	_		
ANKE Design	Corporation			
	Firm/Company			
490 Sawgrass C	Corporate Parkwa	y, Suite 320		
	Address			
Sunrise, FL 33	3325			
	City, State and Zip Code	2		
lanke@me.co	m			
E-mail address: (to	o be used for future annu	nal report notification	on)	
For further information	concerning this matter, [	please call:		
Michael Lees,	Esq.	_at (619 )	231-	-0303
Name of Co	ontact Person		le 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 and Certified Cop	ý	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr	ess:	<u>S</u>	treet A	Address:

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

FILED
SECRETARY OF STATE
VISITH OF CARRON ATIONS

2022 FEB - 1 PH 3: 00 1

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:
ANKE design Corporation
Enter Name of the Converting Entity
2. The converting entity is a corporation
(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 Nevada
(Enter state, or if a non-U.S. entity, the name of the country)
<sub>on</sub> January 4, 2018
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> :  ANKE design Corporation
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 Florid
<b>Department of State.) Note:</b> 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.

Signed this 31 day of January	. 202		
Required Signature for Florida Profit Corporation:			
Signature of Director, Officer, or, if Directors or Office	rs have not been selected, an Incorporator:		
Printed Name: Lieselotte Anke Title: Pres	ident		
companies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability		
Signature:			
Printed Name: Lieselotte Anke	_ <sub>Title:</sub> President		
Signature:			
Printed Name:	Title:		
Signature:	·· <del></del>		
Printed Name:	Title:		
Signature:	<u> </u>		
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	·····		
The principa	al place of business/mailing address is:		
490 Saworace (	Principal street address Corporate Parkway, Suite 320	Mailing address, if diffe	erent is:
	e, Florida 33325		
		<del></del>	·
	e for which the corporation is organized is:		<b>2</b>
Any leg	gal purpose.	550m	78 FEB
		<del></del>	<b>E</b>
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			00 1
ARTICLE	IV SHARES 40.000		00 1
ARTICLE The number	IV SHARES of shares of stock is: 10,000		00 1
ARTICLE The number ARTICLE	of shares of stock is: 10,000		00 1
The number	of shares of stock is:  V OFFICERS AND/OR DIRECTORS  Lieselotte Anke, President, Secretary, CFO and Director	Name and Title:	
The number  ARTICLE  Name and T	of shares of stock is:     \[ \begin{align*} \	Name and Title:	
The number	of shares of stock is:  V OFFICERS AND/OR DIRECTORS  Lieselotte Anke, President, Secretary, CFO and Director	Address:	
The number  ARTICLE  Name and T  Address:	V OFFICERS AND/OR DIRECTORS  Lieselotte Anke, President, Secretary, CFO and Director  490 Sawgrass Corporate Parkway, Suite 320		
The number  ARTICLE  Name and T  Address:	V OFFICERS AND/OR DIRECTORS  Fitte:  Lieselotte Anke, President, Secretary, CFO and Director  490 Sawgrass Corporate Parkway, Suite 320  Sunrise, Florida 33325	Address:	
The number  ARTICLE  Name and T  Address:  Name and T  Address:	V OFFICERS AND/OR DIRECTORS  Lieselotte Anke, President, Secretary, CFO and Director  490 Sawgrass Corporate Parkway, Suite 320  Sunrise, Florida 33325  Title:	Address:  Name and Title:  Address:	
The number  ARTICLE  Name and T  Address:  Name and T  Address:	V OFFICERS AND/OR DIRECTORS  Lieselotte Anke, President, Secretary, CFO and Director  490 Sawgrass Corporate Parkway, Suite 320  Sunrise, Florida 33325  Title:	Address:  Name and Title:  Address:	

<u>ARTICL</u>	E VI <u>REGISTERED AGENT</u> and Florida street address (P.O. Box NOT	contoble) of the registered agent is:
The <u>name</u> Name:	Paracorp Incorporated	teplable) of the registered agent is.
Address:	155 Office Plaza Drive, 1st Floor	
	Tallahassee, FL 32301	
		********  of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity
Sc	e affached	
_	Required Signature/Registered Agent	Date

SECRETARY OF STATE
VIEW OF STATE
OF STA

#### STATE OF FLORIDA

## REGISTERED AGENT CONSENT FORM

**DATE:** 01/31/2022

**ENTITY NAME:** ANKE design Corporation

## **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated