# P22000019954

(R	equestor's Name)	
(Ad	ddress)	·
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(Ci	ity/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bo	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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ACCESS, \_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

# **WALK IN**

	PIC	CK UP: 3/16 DANNY
XX	CERTIFIED COPY	
	РНОТОСОРУ	
	CUS	
XX	FILING	CONVERSION
1.	GRATEFUL BLUE PO	
2.	(CORPORATE NAME AND DOC	UMENT #)
3.		
4.	(CORPORATE NAME AND DOC	UMENT #)
5.	(CORPORATE NAME AND DOCI	UMENT #)
	(CORPORATE NAME AND DOCU	UMENT #)
6.	(CORPORATE NAME AND DOCU	UMENT #)
SPECI INSTR	AL RUCTIONS:	
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## **COVER LETTER**

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TO:	New Filing Sec Division of Co					
SURT		ul Blue Pools I	nc.			
3012	LC1		Resulting Flori	da Profit	Corporation	
The en	iclosed Articles d into a "Florida P	of Conversion, Articles of rofit Corporation" in acc	of Incorporation cordance with ss	and fees	s are submitted to convert the follo	owing eligible
Please	return all corres	pondence concerning thi	s matter to:			
Lau	ra Moyer					
		Contact Person		_		
		Firm/Company	,	_		
168	4 S Broad	St, Suite 130				
	11.	Address		<del></del>		
Lar	nsdale, PA	19446				
		City, State and Zip Cod	e	_		
lmo	yer@bene	etrends.com				
		o be used for future annu	ual report notific	ation)		
For fur	ther information	concerning this matter,	please call:			
_	ra Moyer		<sub>at (</sub> 267	,638	3-9291	
	Name of Co	ontact Person		Code and	Daytime Telephone Number	
Enclose	ed is a check for	the following amount:				
□ <b>\$</b> 10.	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified (	_	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Addr New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		New F Division The Co 2415 N	Address: iling Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

#### Articles of Conversion For Converting Eligible Entity

Into Florida Profit Corporation

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THARY OF STATE

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: Grateful Blue Pools 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 02/08/2022 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: Grateful Blue Pools 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: (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.

Signed this 15th day of March	
Required Signature for Florida Profit Corporation	<u>n:</u>
Signature of Director, Officer, or, if Directors or Offi	cers have not been selected, an Incorporator:
Jaur Morgas	<del></del>
Printed Name: Laura Moyer Title: Inc	orporator
Low paines. ISCC DCIOW (OF Tentiber Globatifers) 1	orida partnerships, limited partnerships, and limited liability
Signature: Nin Dianing	
Printed Name: Lisa Pierino	Title: AMBR
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.	v 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)

ARTICLI The princip	pal place of business/mailing address is:		
	Principal street address	Mailing addr	ress, if different is:
1723	N K St		
Lake \	Worth, FL 33460		
	ETT PURPOSE se for which the corporation is organized is nd all Legal Purposes	:	7:77
	<u> </u>		
			ASSE
			EE. S.
			FL FL
ARTICLE		<del></del>	FL FL
ARTICLE Name and		Name and Title:	FL FL
ARTICLE	v officers and/or directo	Name and Title:  Address:	PATE
ARTICLE Name and Address:	Title: Lisa Pierino / PSTD  1723 N K St  Lake Worth, FL 33460	Name and Title:  Address:	FATE
ARTICLE Name and Address:	Title: Lisa Pierino / PSTD  1723 N K St	Name and Title:  Address:  Name and Title:	FATE
ARTICLE Name and Address: Name and 1 Address:	Title: Lisa Pierino / PSTD  1723 N K St  Lake Worth, FL 33460	Name and Title:  Address:  Name and Title:  Address:	TATE

ARTICL The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	Lisa Pierino	. , , , , , , , , , , , , , , , , , , ,
Address:	1723 N K St	
	Lake Worth, FL 33460	
*******	**************	******
this certifi	en named as registered agent to accept service icate, I am familiar with and accept the appoin	ce of process for the above stated corporation at the place designated in ntment as registered agent and agree to act in this capacity
	Mis to	3/15/2022
	Required Signature/Registered Agent	Date

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LIARY OF STATE