## P2200029197

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>: #)</del>		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: New Filing Section Division of Corpora					
SUBJECT: ShoBull		ns, Inc.			
SUBJECT:	Name of F	Resulting Florida	Profit (	Corporation	
The enclosed Articles of Co entity into a "Florida Profit	onversion, Articles of Corporation" in acco	Incorporation, a rdance with ss. 6	nd fees 507,119;	are submitted to convert the followin 33 & 607.0202, F.S.	g eligible
Please return all correspond	lence concerning this	matter to:			
Alex C. Najaria	an, Esq.		<u>.</u>		
	Contact Person				
The Corneal L	aw Firm				
	Firm/Company		-		
509 Anastasia	a Blvd.				
	Address		•		
St. Augustine,	FL 32080				
	, State and Zip Code		-		
alex@corneal			<del>-</del>		
E-mail address: (to be	used for future annu	al report notifica	tion)		
For further information con			046	. 5000	
Alex C. Najari		_at (904	<u> </u>	9-5333	
Name of Contac	ct Person	Area C	ode and	Daytime Telephone Number	
Enclosed is a check for the	following amount:				
	\$113.75 Filing Fees d Certificate of atus	□\$113.75 Filin and Certified Co	_	☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
Mailing Address: New Filing Section				Address:	
Division of Corpo P.O. Box 6327			Divisi	on of Corporations entre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

Signed thi	s 23rd day of March	. 2022	
<u>Required</u>	Signature for Florida Profit Corporation:		
Dartie	of Director, Officer, or, if Directors or Office		
Printed Na	ame: Danielle Galella Title: Pre	sident	
<u>Required</u>	Signature(s) on behalf of Converting Flor	ida partnerships, limited partnerships, ar	<u>ıd limited liability</u>
	See below for required signature(s).]  Danielle Gally (Mar 23, 2022 17:13 GMT+1]		
Signature Printed N	Danielle Galella ame: Danielle Galella	Manager/Member	
Signature	:		
Printed N	ame:	Title:	
Signature	: <u></u>		
Printed N	ame:	Title:	
Signature	:		
Printed N	ame:	Title:	
Signature	:		
Printed N	ame:	Title:	
Signature	:	<u> </u>	
Printed N	ame:	Title:	
	a General Partnership or Limited Liability of one General Partner.	Partnership:	
	a Limited Partnership or Limited Liability as of ALL General Partners.	Limited Partnership:	
If Florid Signature	a Limited Liability Company: of a Member or Authorized Representative.		
All other Signature	rs: e of an authorized person.		
F	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 II The principal pla	PRINCIPAL OFFICE		
	ace of business/mailing address is:		
	Principal street address		Mailing address, if different is:
7769 54	th Street N.	-	-
Pinellas	Park, FL 33781		
	PURPOSE which the corporation is organized is: all lawful business.		
	<del></del>		
ARTICLE IV The number of s	SHARES hares of stock is: 1000		
ARTICLE V	OFFICERS AND/OR DIRECTORS		
Name and Title	Danielle Galella, President	Name and Title	Xiaorong S. Jiang, Vice President, Secretary
Address:	7769 54th Street N.	Address:	16 Dove Street
	Pinellas Park, FL 33781		Hilton Head Island, SC 29928
		Name and Title	:
Name and Title	:	rune and me	·
Name and Title	·	Address:	
Address:	<del></del>	Address:	

ARTICLE VI REGISTERED AGENT

The name and Florid	la stre	et addr	<u>ess</u> (P.O	. Box <b>NOT</b>	acceptable) of the	ne registered agent is:

Name:

Alex C. Najarian, Esq.

Address:

509 Anastasia Blvd.

St. Augustine, FL 32080

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

March 23, 2022

Date