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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

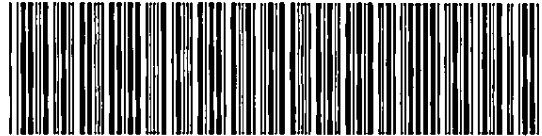
(Document Number)

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SEP 14 2022

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DIVISION OF CORPORATIONS  
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2022 SEP 14

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Cullen Ventures, Inc.

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:

Maria Kenigsberg

Contact Person

Chuhak & Tecson, P.C.

Firm/Company

120 S. Riverside Plaza, Suite 1700

Address

Chicago, Illinois 60606

City, State and Zip Code

mkenigsberg@chuhak.com

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

For further information concerning this matter, please call:

Maria Kenigsberg at ( 312 ) 855-5442

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    ☒ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees,  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    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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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 09/14/2022

Name: Merritt Walker

Reference #: 1786038

Entity Name: CULLEN VENTURES, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☒ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$113.75

Signature: 

**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:

**Cullen Ventures, Inc.**

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 **Illinois**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **April 16, 2000**  
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:**

**Cullen Ventures, 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.

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Signed this 14th day of September, 20 22


**Required Signature for Florida Profit Corporation:**

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

X 

Printed Name: Michael Cullen Title: President

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

Signature: X 

Printed Name: Michael Cullen Title: President

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

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**ARTICLE I NAME**

The name of the corporation shall be: Cullen Ventures, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

690 Bougainvillea Road  
Naples, Florida 34102

690 Bougainvillea Road  
Naples, Florida 34102

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations  
may be incorporated under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Cullen, President

Address: 690 Bougainvillea Road  
Naples, Florida 34102

Name and Title: Michael Cullen, Treasurer

Address: 690 Bougainvillea Road  
Naples, Florida 34102

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

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

Name and Title: Michael Cullen, Secretary

Address: 690 Bougainvillea Road  
Naples, Florida 34102

Name and Title: Michael Cullen, Director

Address: 690 Bougainvillea Road  
Naples, Florida 34102

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

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


**ARTICLE VI REGISTERED AGENT**

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

Name: Michael Cullen  
Address: 690 Bougainvillea Road  
Naples, Florida 34102

\*\*\*\*\*

*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*

X   
Required Signature/Registered Agent

7-22-22  
Date

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