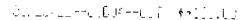
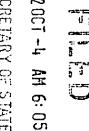
# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WAA(60113238











2022 CCT -4 AM 9:31

September 7, 2022

WESLEY PAUL 6301 NW 5TH WAY FT LAUDERDALE, FL 33309

SUBJECT: WORLDWIDE BLUEPRINT, INC.

Ref. Number: W22000113238

We have received your document for WORLDWIDE BLUEPRINT, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing the Article of Incorporation.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen Lovelace Regulatory Specialist II

> 2022 OCT -SECRETAL TALLAR

Letter Number: 522A00019824

TETARY DE STATE

#### **COVER LETTER**

Division of Corporations		
SUBJECT: WORLDWICE BI Name of Resu	Hing Florida Profit C	<del></del>
The enclosed Articles of Conversion, Articles of Incoentity into a "Florida Profit Corporation" in accordan		
Please return all correspondence concerning this mat	iter to:	
Wesley Paul Contact Person		
Worldwide Bluepring	The.	
6301 NW 5th WAY		
St. Laud, Ft. 33309 City, State and Zip Code		
Wespaul 1804 @ 9mo Fi-mail fidress: (to be used for future annual re	<u>ul. Co</u> M eport notification)	
For further information concerning this matter, pleas  WESLY Pau at (  Name of Contact Person	154,36	6-7735 Daytime Telephone Number
Enclosed is a check for the following amount:		
, , ,	d Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:	Street .	Address:

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

TO:

**New Filing Section** 

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

No. of the second second

#### **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:	
Worldwide Bluepeint, LLC Enter Name of the Converting Entity	
Enter Name of the Converting Entity	
2. The converting entity is a	V
(Enter entity type. Example: limited hability company, limited partnership, () () () general partnership, common law or business trust, etc.)	
first organized, formed or incorporated under the laws of FLORIDO (Enter state, or if a non-U.S. entity, the name of the country)	
on O8 -27 - 2-019  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> :	
Worldwide Bluephivt, 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.)	
<u>Note:</u> 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.	

PILE IN U

Signed this 17th day of Augus	16T 20 22	
Required Signature for Florida Profit Corporati		
Signature of Director, Officer, or, if Directors or Of	Heers have not been selected, an Incorporator	:
Charles 1		
Printed Name: Wester Paul l'itle:	OUNEL	
Required Signature(s) on behalf of Converting F	lorida partnerships, limited partnerships, a	and limited liability
companies: [See below for required signature(s).]		
Signature:		-
Primed Name: Wesley Paul	Title: OUNER.	· <b>-</b>
Signature:		-
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		<b></b> -
Printed Name:	Title:	_
Signature:		<del></del>
Printed Name:	Title:	<del>-</del>
If Florida General Partnership or Limited Liab	ility Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liab	ility Limited Partnership:	
Signatures of ALL General Partners.		
If Florida Limited Liability Company:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representati	ve.	
All others: Signature of an authorized person.		_
organization of an authorized person,		$\omega \simeq$

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)

1022 OCT -4 AM 6: 05

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

The name of the corporation shall be:	DWIDE BLUE	PRINT, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
6301 NW 574 WAY	_	address, if different is:
SUITE 5000 Fr. Causerdale, Fr. 3330		•
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:  General and public	puepose	
ARTICLE IV SHARES The number of shares of stock is: 10,00	00,000	
Name and Title: Wesley Paul, P	RS RESIDENT	
Address: 6301 NW 5TH WAY  Address: 6301 NW 5TH WAY	Name and Title:Address:	
Name and Title:	Name and Title:	
Address:	Address:	2022   SECI TA
Name and Title:		RETARY OF
Address:		SSEEL ST

### ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address:

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

09-29-2022 Date

#### **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Granting Hope, Inc.

JBJECT:	(PROPOSED CORP	ORATE NÄME – <u>MÜST INC</u>	CLUDE SUFFIX)
nclosed is an original a  □ \$70.00  Filing Fee	and one (1) copy of the Ar ■ \$78.75 Filing Fee & Certificate of	□\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy
	Status	ADDITIONAL CO	& Certificate  OPY REQUIRED

rnova.	Hope Grant		
FROM:	Name (Printed or typed)		
	231 NW 146 Street		
	Address		
	Miami, Ft. 33168		
	City, State & Zip		
	786-269-4673		
	Daytime Telephone number		
	helizad@gmail.com		
1	E-mail address: (to be used for future annual report notification)		

NOTE: Please provide the original and one copy of the articles.