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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

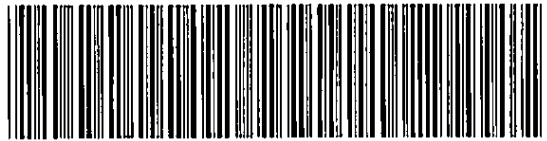
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Certificates of Status \_\_\_\_\_

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23 MAY 31 PM 11:46  
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FALLAHASSI BUILDING

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Steven E. Goldsworthy, 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:

Steven E Goldsworthy  
Contact Person

Steven E. Goldsworthy, Inc  
Firm/Company

690 Island Way #410  
Address

Clearwater FL 33767  
City, State and Zip Code

Ldgseg@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven E Goldsworthy at ( 810 ) 923-5269  
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

23 MAY 31 PM 11:46  
SECRET  
TALLAHASSEE, FL 32303

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**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:

Steven E. Goldsworthy, 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 Michigan

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

on 01/11/2011

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**:

Steven E. Goldsworthy, 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: 5/16/2023

(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.)

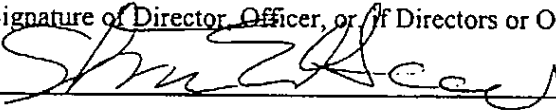
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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SECRETARY OF STATE  
ALLAHABAD, INDIA

Signed this 16 day of May, 2023.

**Required Signature for Florida Profit Corporation:**

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

x 

Printed Name: Steven E Goldsworthy Title: President

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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)

23 MAY 31 PM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I NAME**

The name of the corporation shall be: Steven E. Goldsworthy, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address  
690 Island Way #410

Clearwater FL 33767

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Creative writing/Creative director.

**ARTICLE IV SHARES**

The number of shares of stock is: 60000

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Steven E Goldsworthy, President

Address: 690 Island Way #410

Clearwater FL 33767

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

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

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

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**ARTICLE VI REGISTERED AGENT**

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

Name: Steven E Goldsworthy

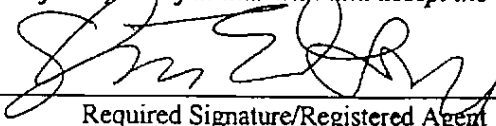
Address: 690 Island Way #410

Clearwater FL 33767

\*\*\*\*\*

*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

x

5/18/23  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA