P23000047692

(Requestor's Name)
(Address)
(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:





800408351518

05/09/23--01029--004 **122.50

2023 JUN-6 PM 3: 15

W23000074478

RECEIVED
2023 JUN - 6 AM 10: 23
PROPRESENTIONS

May 24, 2023

CAITIE MORGAN CAITIE MORGAN INTARIOR DESIGN 4920 ARAPAHOE AVENUE JACKSONVILLE, FL 32210 US

SUBJECT: CAITIE MORGAN INTERIOR DESIGN LLC

Ref. Number: W23000074478

We have received your document for CAITIE MORGAN INTERIOR DESIGN LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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.

Dil Sultana Regulatory Specialist II

Letter Number: 623A00011919

COVER LETTER

FO: New Filing Sec Division of Con						
SUBJECT: (AÍ	He Morgan Name of	Resulting Florida Pr	DOIGN rofit Corporation	INC		
	of Conversion, Articles of rofit Corporation" in acco				ne following e	ligible
Please return all corresp	pondence concerning this	s matter to:				
Caitie	Movacy Contact Person					
	Contact Person					
caite M	Firm/Company	or Design	inc.			I
4920 May	Dishoe Avenu Address	e			v 2023	الحسي
Jackson	Alle FL 322	10			日子	- 444
	City, State and Zip Code MOYMAN (A) to be used for future anne	2	on)		12023 JUN -6 PM 3: 15	
For further information	concerning this matter,	please call:				
Cathe Name of Co	ontact Person	at (205) Area Code	627 - 9 e and Daytime	- - U S Ψ Telephone Numl	ber	
Enclosed is a check for	the following amount:					
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing I and Certified Copy	y Certified	50 Filing Fees, Copy, and te of Status		
Mailing Add New Filing So Division of C P.O. Box 632	ection orporations	N D	treet Address lew Filing Sec livision of Con he Centre of T	tion rporations		

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 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:
Enter Name of the Converting Entity
2. The converting entity is a Limited Washith Company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on 0.1/08/2015
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: Cattle Monar Interior Design Inc. Enter Name of Florida Profit Corporation
Caitic Moman Interior Design Inc. SE 3 1
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: <u>JUNE 01, 2023</u> (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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 3 day of MAY	, 20 <u>25</u> .		
Requir	ed Signature for Florida Profit Corporation:			
	ure of Director, Officer, or, if Directors or Office			
Printed	Name: CAHLIN P. MOVOJO Aitle:	AVAMOSZE	id Represe	ended
	red Signature(s) on behalf of Converting Florinies: [See below for required signature(s).]	ida partnerships, limited partnerships, a	and limited liab	ility
Signatu	ire:	-		
Printed Signatu	Name: Caitin P. Morgan			
Printed	Name: Caitlin P. Morgan	Title: Authorized Represe	ntative	
Signatu	ire:		_	
Printed	Name:	Title:	- 202	
Signatu	ire:		2023 JUN-6	711
Printed	Name:	Title:	- AHAA	1 1
Signatu	ire;		PA (
Printed	Name:	Title:	PH 3: 15 Y CT STATE ASSEE, FL	
Signatu	ure:		- r.	
Printed	Name:	Title:	_	
	ida General Partnership or Limited Liability are of one General Partner.	Partnership:		
	ida Limited Partnership or Limited Liability ares of <u>ALL</u> General Partners.	Limited Partnership:		
	ida Limited Liability Company: ure of a Member or Authorized Representative.			
All oth Signati	iers: ure 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)

The name of the corporation shall be: Carte Mayo	an Interior Design, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
4970 Avanalant Ave.		_
Jacksonville PL 32210		_ _
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
Interior Design, selling for	unione, lighting fabrics	_
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	m = ZK	_ }
	E G G	- f ⁻
ARTICLE IV SHARES The number of shares of stock is:	ि हो छ न	
ARTICLE V OFFICERS AND/OR DIRECTORS	, Arthorted Representative	
Name and Title: (Aith Maryn, product		
Address: 4920 trappluc Arc	Address:	_
Inchemulle FL 32210		
Name and Title:	Name and Title:	_
Address:	Address:	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Name and Title:	Name and Title:	
Address:	Address:	

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

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