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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Shannon Bouchet Consulting	g TIM
Name of Resulting Florid	
The enclosed Articles of Conversion, Articles of Incorporation, entity into a "Florida Profit Corporation" in accordance with ss.	
Please return all correspondence concerning this matter to:	
Shannon Bouchet	
Contact Person	_
Firm/Company	_
91 Kenmore Ave.	_
Address	
Ponte Vedra, FL 32081	
City, State and Zip Code	_
Shannon@bouchet.com	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Shannon Bouchet _at (937	422-5887
Name of Contact Person Area C	Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$105.00 Filing Fees □ \$113.75 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certified C	
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

Articles of Conversion 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.

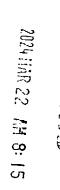
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Shannon Bouchet Consulting Juc. 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: March 15, 2024

(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.



Signed this 15 day of March	, 20_24			
Required Signature for Florida Profit Corporation				
Signature of Director, Officer, or, if Directors or Off	ficers have not been selected, an Incorporator:			
Printed Name: Shannon Bouchet Title: Pr	esident			
Required Signature(s) on behalf of Converting Floompanies: [See below for required signature(s).]	orida partnerships, limited partnerships, a	nd limited	l liabilit	¥
Signature:				
Printed Name: Shannon Bouchet				
Signature: Backt				
Printed Name:				
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:	<u></u>			
Printed Name:	Title:			
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:			
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representativ	e.			
All others: Signature of an authorized person.		;;·.	2024 F.A.R.	r -
Feet.		; ;	\ \ \	r-

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

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

ARTICLE I	NAME	Shannon Re	ouchet C	ongulting	7.11	
The name of the	corporation shall be	Shannon Bo	ouchet C	onsuming	INC.	
ARTICLE II	PRINCIPAL O	FFICE				
	ace of business/maili					
	Principal street add	lress	Florida	Mailing address a Registered Agent, LLC		
91 Kenn	nore Ave.		79	01 4th St.	N. ste. 300)
Ponte Ve	edra, FL 32	2081	St.	Petersbu	rg, FL 3370)2_
ARTICLE III	PURPOSE					
• •	which the corporat	•				
Lechnol	ogy and Bu	isiness Cons	suiting			
						
ARTICLE IV The number of s	shares of stock is:	00				
	4					
ARTICLE V		D/OR DIRECTORS		A A * - 1 1	Damalaak	
Name and Title	Shannon E	Bouchet	Name and Ti	_{tle:} Michael	Bouchet	<u>.</u>
Address:	91 Kenmo	re Ave.	Address:	91 Kenn	nore Ave.	
	Ponte Vedr	ra, FL 32081		Ponte Ve	edra, FL 320)81
Name and Title	:		Name and Ti	tle:		
Address:			Address:			
					: 1	2024 HAR
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Address:			Address:			2
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The name	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	Registered Agents Inc	
Address:	7901 4th St. N Ste. 300	
	St. Petersburg, FL 33702	
*****	*******	****
		ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
Dav	id Coberts	03/18/2024
•	Required Signature/Registered Agent	Date

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ARTICLE VI REGISTERED AGENT