

P24000027238

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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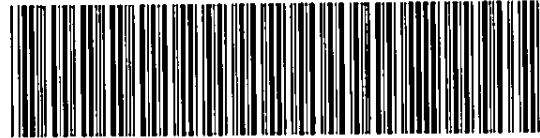
(Business Entity Name)

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2004 APR 18 PM 6:01

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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$113.75

Authorization Signature: James G. L. L.

Business Name: **HAPPY SIGHT LLC**

Document #

☐ Certified Copy

☒ **Certificate of Status**

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☐ Resignation / Withdrawal

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☒ **Articles of Conversion**

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Country(s)

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: _____

2024/03/13 PM 6:01

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2024 FEB 13 PM 5:01
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HAPPY SIGHT LLC

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:

Rubem Souza

Contact Person

Medeiros Souza Corp

Firm/Company

1711 Amazing Way Ste 213

Address

Ocoee, FL, 34761

City, State and Zip Code

contact@medeirossouza.com

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

For further information concerning this matter, please call:

Rubem Souza

at (407) 3268484

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 and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and 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

2006/FEB/19 PM 6:01

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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:

HAPPY SIGHT LLC

Enter Name of the Converting Entity

2. The converting entity is a Limited Liability Company
(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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 09/20/2022
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**:

HAPPY SIGHT LLC

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: 03/29/2024

(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.

RECEIVED
MAR 29 2024
FLORIDA DEPARTMENT OF STATE

Signed this 29th day of March, 2024.

Required Signature for Florida Profit Corporation:

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

Paula Manica Kube

Printed Name: Paula Manica Kube Title: AMBR

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

Signature: Paula Manica Kube

Printed Name: Paula Manica Kube Title: AMBR

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)

2024 APR 18 PM 6:01

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

ARTICLE I NAME HAPPY SIGHT CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

3759 SPEAR POINT DR, ORLANDO, FL 32837

Mailing address, if different is:

3759 SPEAR POINT DR, ORLANDO, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Services

ARTICLE IV SHARES 100,000

The number of shares of stock is: _____

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Paula Manica Kube, President

Address: 3759 SPEAR POINT DR, ORLANDO, FL 32837

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: MEDEIROS SOUZA CORP

Address: 1711 AMAZING WAY STE 213, OCOEE, FL, 34761

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

R.L
Required Signature/Registered Agent

03/29/2024
Date

FILED
MAR 29 2024
TALLAHASSEE, FL
CLERK OF COURT