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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer	
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To: F	Florida	Division	of Cor	porations
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From: Ronnie Campbell C/O Capitol Services, Inc.

Date: 4/23/2024

Trans#: 1458546

Entity Name: ABBIE JOAN ENTERPRISES, LLC converting to ABBIE JOAN? ENTERPRISES, INC.

Articles Incorporation ()

Articles of Dissolution ()

Conversion (XXX)

Fictitious Name ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Withdrawal / Cancellation ()

Other ()

STATE FEES PREPAID WITH CHECK #3869 FOR \$113.75

PLEASE RETURN:

(Certified Copy (xxx) Plain Photocopy ()

Good Standing () Certificate of Fact ()

Phone: 855-498-5500



Filing Cover Sheet

To: Florida Division of Corporations
From: Ronnie Campbell C/O Capitol Services, Inc.

Date: 4/23/2024

Trans#: 1458546

Entity Name: ABBIE JOAN ENTERPRISES, LLC converting to ABBIE JOAN ENTERPRISES, INC.

Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation (:);
Other ()	· · · · · · · · · · · · · · · · · · ·

STATE FEES PREPAID WITH CHECK #3869 FOR \$113.75

PLEASE RETURN:

Certified Copy (xxx) Plain Photocopy ()

Good Standing () Certificate of Fact ()

Phone: 855-498-5500

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:
Abbie Joan Enterprises, 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
(Enter state, or if a non-U.S. entity, the name of the country)
on 04/17/2000
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: Abbie Joan Enterprises, 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.) 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 22nd day of April	. 2024		
Required Signature for Florida Profit Corporation:			
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incorporator:		
Printed Name: Abbie J.W. Sladick Title: Pres	sident		
Required Signature(s) on behalf of Converting Florecompanies: [See below for required signature(s).]		limited liability	
Signature:			
Printed Name: Abbie J.W. Sladick	Title: Member		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:		• ~	,
Printed Name:	Title:		32
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	د . د د تاریخ	j))
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:		ı
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			
All others: Signature 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)

ine name oi t	NAME he corporation shall be: Abbie Joan E	interprises,	
ARTICLE I	I PRINCIPAL OFFICE place of business/mailing address is:		
rne principai	-		Mailing address if different in
	Principal street address		Mailing address, if different is:
941 4th	Ave. North		
Naples,	FL 34102	•	
	for which the corporation is organized is:		all a la constitue Desta of Florida
any lawful	business or activity permitted by a co	rporation unde	er the laws of the State of Florida.
 -		· · · · · · · · · · · · · · · · · · ·	
			-
APTICLE	V SHAPES		
	v SHARES 1,000,000		
The number of	of shares of stock is:		
The number of ARTICLE	v of States of Stock is: 1,000,000 V of States AND/OR DIRECTORS Abbie LW Statick President & Director	Name and Title	Paul Sladick, Secretary, Treasurer, Director
The number of th	v of States of Stock is: 1,000,000 V of States AND/OR DIRECTORS Abbie LW Statick President & Director		Paul Sladick, Secretary, Treasurer, Director
The number of th	of shares of stock is:	Name and Title Address:	<u> </u>
ARTICLE Name and Ti Address:	of shares of stock is:	Address:	941 4th Ave. North
The number of ARTICLE Name and Ti Address:	of shares of stock is:	Address:	941 4th Ave. North Naples, FL 34102
The number of ARTICLE Name and Ti Address: Name and Ti	of shares of stock is:	Address: Name and Title	941 4th Ave. North Naples, FL 34102
The number of ARTICLE Name and Ti Address: Name and Ti Address:	of shares of stock is:	Address: Name and Title Address:	941 4th Ave. North Naples, FL 34102
The number of ARTICLE Name and Ti Address: Name and Ti Address:	of shares of stock is:	Address: Name and Title Address:	941 4th Ave. North Naples, FL 34102

The name	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	Abbie J.W. Sladick	
Address:	941 4th Ave. North	
	Naples, FL 34102	
*****	~***********	**********
Having be this certifi	en named as registered agent to accept servicate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in Sintment as registered agent and agree to act in this capacity
(No	04/22/2024
	Required Signature/Registered Agent	Date