

P24000033110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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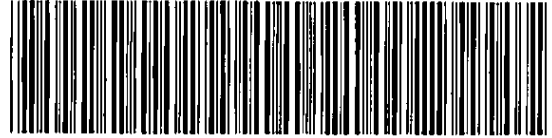
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T.S.H  
5/16/24

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BLACK INK TEAM INCORPORATED  
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:

JESSICA STORZ  
Contact Person

BLACK INK TEAM  
Firm/Company

9950 HAMLIN BLVD. APT 305  
Address

SEMINOLE, FL 33776  
City, State and Zip Code

JSTORZ123181@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA STORZ at ( 714 ) 759-0073  
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

**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:

BLACK INK TEAM 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 APRIL 1, 2024  
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**:

BLACK INK TEAM INCORPORATED  
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: APRIL 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.

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FLORIDA DEPARTMENT OF STATE

Signed this 15 day of APRIL, 20 24.

**Required Signature for Florida Profit Corporation:**


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

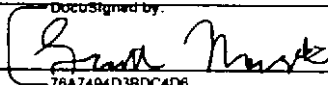


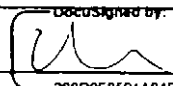
Printed Name: JESSICA STORZ Title: REGISTERED AGENT

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

Signature:   
F7F7E79B237A409...  
Printed Name: Heather Rose Title: CEO

Signature:   
E0B5A86C233A4FF  
Printed Name: Jessica Storz Title: COO

Signature:   
78A7494D38DC4D6  
Printed Name: Scott Margulis Title: CMO

Signature:   
268D0F8591A84E1  
Printed Name: Kristin Robinson Title: Partner

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)

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COUNTY OF FLORIDA  
STATE

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: BLACK INK TEAM INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address  
9950 HAMLIN BLVD  
APT 305  
SEMINOLE, FL 33776

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT CONSULTING COMPANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: HEATHER ROSE - CEO  
Address: 2878 LOVELAND DR. UNIT 2206  
LAS VEGAS, NV 89109

Name and Title: JESSICA STORZ  
Address: 9950 HAMLIN BLVD APT. 305  
SEMINOLE FL 33776

Name and Title: KRISTIN ROBINSON - MBR  
Address: 1637 OAK ST. APT. 12  
SARASOTA, FL 34236

Name and Title: SCOTT MARGULIS - MBR  
Address: 2200 RINGLING BLVD UNIT 230  
SARASOTA, FL 34237

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

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

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STATE COO

**ARTICLE VI REGISTERED AGENT**

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

Name: JESSICA STORZ  
Address: 9958 HAMLIN BLVD APT 305  
SEMINOLE FL 33776

\*\*\*\*\*  
*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*



Required Signature/Registered Agent

4/15/2024  
Date

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STATE