## P24000036565

|           |      |          | (Red          | uest   | or's Nar | ne)      | <del></del> |  |
|-----------|------|----------|---------------|--------|----------|----------|-------------|--|
|           |      |          | (Add          | iress) | 1        | <u>-</u> | <del></del> |  |
|           |      |          | (Add          | lress) | -        |          |             |  |
|           |      |          | (City         | /Stat  | e/Zip/Pl | none #)  | _           |  |
|           |      | PICK-L   | JΡ            |        | WAIT     |          | MAIL        |  |
| <u> </u>  |      | <u>.</u> | (Bus          | ines   | Entity   | Name)    |             |  |
|           |      |          | (Doc          | ume    | nt Numh  | oer)     |             |  |
| Certified | d Co | pies     | <del></del> . |        | Certific | ates of  | Status      |  |

Special Instructions to Filing Officer:

Permission to add "INC"

at the ene of the

ensity via email

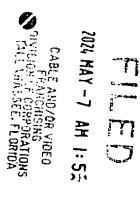
05128/24 - 5.C.

Office Use Only



200429186052

5. Cirin (1974) 9: 207/07/14 -01015--003 \*\*113.75



## **COVER LETTER**

| TO: New Filing Sect<br>Division of Con              |   |                                    |            |  |
|---|---|------------------------------------|------------|--|
| SUBJECT: Studio                                     |   |                                    |            |  |
| SUBJECT: Otdate                                     |   | Resulting Florida P                | rofit C    | Corporation  |
| The enclosed Articles of entity into a "Florida Pro |   |                                    |            | are submitted to convert the following eligible 3 & 607.0202, F.S. |
| Please return all corresp                           | ondence concerning this                         | matter to:                         |            |  |
| Claudia Blad  | ckburn  |                                    |            |  |
|   | Contact Person                                  |                                    |            |  |
| Studio B Kit  | chens   |                                    |            |  |
|   | Firm/Company                                    |                                    |            |  |
| 8424 4th St   | N, Unit P                                       |                                    |            |  |
|   | Address   | <del></del>                        |            |  |
| St Pete, FL   | 33702   |                                    |            |  |
|   | City, State and Zip Code                        | :                                  |            |  |
| Claudia@stu<br>E-mail address: (to                  | adiobkitchen                                    |                                    | on)        |  |
| For further information                             | concerning this matter,                         |                                    |            |  |
| Claudia   |   | _at ( <u>727</u> )                 | <u>340</u> | )-0019   |
| Name of Co  | ntact Person                                    | Area Coo                           | le 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 and Certified Cop |            | ☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status   |
| Mailing Addr  | ess:  | S                                  | treet      | Address:   |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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: Studio B Kitchens LLC Enter Name of the Converting Entity 2. The converting entity is a LLC ty is a LLC (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 FL

(Enter state, or if a non-U.S. entity, the name of the country) on 4-20-21 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: Studio B Kitchens IN 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 30 day of May   | . 2024                                  | ·                                     |
|---|---|---------------------------------------|
| Required Signature for Florida Profit Corporation   |   |                                       |
| Signature of Director, Officer, or, if Directors or Office                                | eers have not been selected, an Inc     | corporator:                           |
|   |   |                                       |
| Printed Name: Claudia Blackburn Title: Pre  | esident                                 | _                                     |
| Required Signature(s) on behalf of Converting Flo   | rida partnerships, limited partn        | erships, and limited liability        |
| <u>companies:</u> [See below for required signature(s).]                                  |   |                                       |
| Signature:  |   |                                       |
| Printed Name:   | Title:                                  |                                       |
| Signature:  |   | CAB                                   |
| Printed Name:   | Title:                                  | · · · · · · · · · · · · · · · · · · · |
| Signature:  |   | - FREE TO                             |
| Printed Name:   | Title:                                  | KATIONS                               |
| Signature:  |   |                                       |
| Printed Name:   | Title:                                  | <del></del>                           |
| Signature:  |   |                                       |
| Printed Name:   | Title:                                  |                                       |
| Signature:  |   |                                       |
| Printed Name:   | Title:                                  |                                       |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner.      | y Partnership:                          |                                       |
| If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.    | y Limited Partnership:                  |                                       |
| 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:       | \$35.00<br>\$70.00<br>\$8.75 (Optional) |                                       |

\$8.75 (Optional)

Certificate of Status:

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

| ARTICLE The princip                         | al place of business/mailing address is:   |  |  |  |
|---|--|--|--|--|
|   | Principal street address   | Mailir   | ng address, if different is:   |  |
| 8424  | 4th St N, Unit P   |  | · · · · · · · · · · · · · · · · · · ·  |  |
| St Pe                                       | te, FL 33702   |  |  |  |
|   | EM PURPOSE se for which the corporation is organized is:  cabinets and countertor  | ns   | Manual Control of the | 2024                                   |
| Sale  | cabinets and countertor  |  | ABLE AN<br>SOUR OF ILL<br>VHASS  | MAY -                                  |
|   |  |  | 5/08 PIE<br>HISHA<br>BESPARA<br>EE, FLORA  | 7 2                                    |
|   |  |  | 77.00 P  | · .                                    |
|   |  |  | A S  | <del>्रा</del>                         |
|   |  |  |  | —————————————————————————————————————— |
| ARTICLE The number                          | EIV SHARES 1000 er of shares of stock is:  |  | <b>A</b> 50  |  |
| The number                                  | er of shares of stock is: 1000  V OFFICERS AND/OR DIRECTORS  |  | <b>A S S</b>   |  |
| The number                                  | er of shares of stock is: 1000  V OFFICERS AND/OR DIRECTORS  |  | <b>A S S</b>   |  |
| The number                                  | r of shares of stock is: 1000  V OFFICERS AND/OR DIRECTORS  Title: Claudia Blackburn - President  210 Se monroe Cir N              |  |  |  |
| ARTICLE Name and                            | Claudia Blackburn - President  210 Se monroe Cir N  St Pete, FL 33702  | Name and Title:                                    |  | -                                      |
| ARTICLE Name and                            | Title: Total Serial Blackburn - Administrator  | Name and Title: Address:                           |  | -                                      |
| ARTICLE Name and Address:                   | Claudia Blackburn - President  210 Se monroe Cir N  St Pete, FL 33702  Brian Blackburn - Administrator                             | Name and Title:  Address:  Name and Title:         |  |  |
| ARTICLE Name and Address:                   | Title: Total Serial Blackburn - Administrator  | Name and Title:  Address:  Name and Title:         |  |  |
| ARTICLE Name and Address: Name and Address: | Title: Claudia Blackburn - President  210 Se monroe Cir N  St Pete, FL 33702  Brian Blackburn - Administrator  201 SE Monroe Cir N | Name and Title: Address:  Name and Title: Address: |  |  |

ARTICLE VI REGISTERED AGENT

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

Name:

Claudia Blackburn

Address:

210 se monroe cir N

St Pete, FL 33703

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

Date