P25000004335

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24000163273 01/13/25

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December 12, 2024

MELISSA ANN FULWIDER 921 VILLAGE DR WILDWOOD, FL 34785 US

SUBJECT: BREAKING BLONDE INC

Ref. Number: W24000163273

2025 JAN 13 AM 2: 1:1

C and check(s) een filed and is

We have received your document for BREAKING BLONDE INC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The name of the registered agent must be provided as it is displayed in our records. All spaces, words, letters, and punctuations must be included.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II

Letter Number: 324A00026984

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RECEIVED

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 THE COLOR LOUNGE COLLABORATIVE LLC	ı is:		
Enter Name of the Converting Entity	 -		
2. The converting entity 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 FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)			
08/22/2024			
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 BREAKING BLONDE INC	on:		
Enter Name of Florida Profit Corporation			
4. This conversion was approved by the eligible converting entity in accordance with this chapter a current/organic jurisdiction.	and the	e laws (of its
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 Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.			
		2025 JAN	~;
	スプロー (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	2025 JAN 13 AM 2:	

Signed this 5day of DECEMBER	24			
Required Signature for Florida Profit Corporation				
Signature of Director, Officer, or, if Directors or Officer, or, if Direct				
Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).]	ida partnerships, limited partnerships, a	<u>nd limit</u>	ted liab	oility
Signature: An an all the	hy	-		
Printed Name: Brandy Ortengren	Title: MGR			
Signature:				
Printed Name: Melissa Fulwider	Title: MGR			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	<u></u>	2025 JAN	<u>.</u> .
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	, , at :πι -€	IAN 13	i i
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		*	Aff 2: 1	
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)

RTICLE I	II PRINCIPAL OFFICE		
	place of business/mailing address is:		
	Principal street address		Mailing address, if different is:
348 S N	IAIN ST	921	VILLAGE DR
NILDW	OOD, FL 34785	WIL	DWOOD, FL 34785
ARTICLE I			
	for which the corporation is organized is: RFORM ALL LEGAL BUSINE	ESS IN THE	STATE OF FLORIDA
			
ARTICLE	TV SHARES 400		
	IV SHARES 100 of shares of stock is:		
he number o	of shares of stock is: V OFFICERS AND/OR DIRECTORS	3	
he number o	V OFFICERS AND/OR DIRECTORS BRANDY ORTENGREN, PRESIDENT	Name and Title	
he number of the	of shares of stock is: V OFFICERS AND/OR DIRECTORS BRANDY ORTENGREN PRESIDENT	-	MELISSA FULWIDER, SEC/TRES 921 VILLAGE DR
he number of the	V OFFICERS AND/OR DIRECTORS BRANDY ORTENGREN, PRESIDENT	Name and Title	921 VILLAGE DR.
The number of th	of shares of stock is: V OFFICERS AND/OR DIRECTORS itle: BRANDY ORTENGREN, PRESIDENT 921 VILLAGE DR	Name and Title Address:	921 VILLAGE DR.
The number of th	of shares of stock is: V OFFICERS AND/OR DIRECTORS itle: BRANDY ORTENGREN, PRESIDENT 921 VILLAGE DR WILDWOOD, FL 34785	Name and Title Address:	921 VILLAGE DR WILDWOOD, FL 34785
The number of th	of shares of stock is: V OFFICERS AND/OR DIRECTORS itle: BRANDY ORTENGREN, PRESIDENT 921 VILLAGE DR WILDWOOD, FL 34785	Name and Title Address: Name and Title	921 VILLAGE DR S
The number of th	of shares of stock is: V OFFICERS AND/OR DIRECTORS itle: BRANDY ORTENGREN, PRESIDENT 921 VILLAGE DR WILDWOOD, FL 34785	Name and Title Address: Name and Title Address: Address:	921 VILLAGE DR WILDWOOD, FL 34785
The number of ARTICLE Name and Ti Address: Name and Ti Address:	of shares of stock is: V OFFICERS AND/OR DIRECTORS itle: BRANDY ORTENGREN, PRESIDENT 921 VILLAGE DR WILDWOOD, FL 34785	Name and Title Address: Name and Title Address: Address:	921 VILLAGE DR WILDWOOD, FL 34785

ARTICLE VI REGISTERED AGENT

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

Name:

PATRICIA LEPORE, EAT PA

Address:

10201 SE 170TH PL

SUMMERFIELD, FL 34491

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

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