

P23000041249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

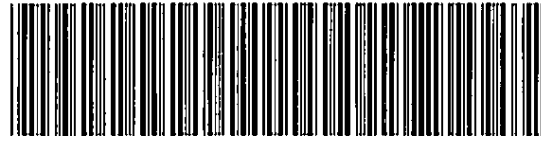
(Document Number)

Certified Copies _____

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MAY 20 2023

2023 MAY 25 AM 10:57
2023 MAY 26 AM 10:27

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LashLilly Inc dba Lash Anarchist
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:

Karl Lilly

Contact Person

LashLilly Inc

Firm/Company

9555 Seminole Blvd Ste. 001

Address

Seminole, FL 33772

City, State and Zip Code

viking@lashanarchist.com

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

For further information concerning this matter, please call:

Karl Lilly at (**801**) **725-9535**

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

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:

LashLilly Inc dba Lash Anarchist

Enter Name of the Converting Entity

2. The converting entity is a **S- Corporation**

(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 **Arizona, USA**

(Enter state, or if a non-U.S. entity, the name of the country)

on **07/26/2017**

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:**

LashLilly 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.)

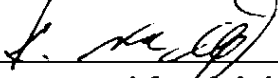
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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FILED

Signed this _____ day of _____, 20_____.


Required Signature for Florida Profit Corporation:

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



Printed Name: Karl Lilly Title: President

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

Signature: 

Printed Name: Alicen Lilly Title: Secretary

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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FBI (117)

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)

**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: LashLilly Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

9555 Seminole Blvd Ste. 001
Seminole, FL 33772

741 Pruitt Dr
Madeira Beach, FL 33708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

E-Commerce Eyelash Extension retail sales of branded products, tools, and accesories to professional Eyelash Extension artists.

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ARTICLE IV SHARES

The number of shares of stock is: 2 (50/50)

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Karl Lilly

Name and Title: Alicen Lilly

Address: 741 Pruitt Dr
Madeira Beach, FL 33708

Address: 741 Pruitt Dr
Madeira Beach, FL 33708

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI · REGISTERED AGENT

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

Name: Karl Lilly

Address: 741 Pruitt Dr

Madeira Beach, FL 33708

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

05/26/23
Date

2023 MAY 26 AM 10:57
S. G. ...
F.M. ...