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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  REMOVEO ('CONVERSION)  EFF. DATE": ALSO REMOVE  TITLES FROM "OFF.   DIR.  PER TELEPHONE CONVERS  SATION WITH CLARK  WHITCOMB. a 07/17/1	// 1

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SEGRETARY OF STATE
FALLAHASSEE, FLORID

2 07/17/13

## **COVER LETTER**

s.

Name of Resulting Florida Profit Corporation  The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.  Please return all correspondence concerning this matter to:  Clark Whitcomb  Contact Person  Unknown BBQ Inc.  Firm/Company  976 Whisper Cove  Address  Winter Haven, FI 33880  City, State and Zip Code  whitcombclark@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Clark Whitcomb  Name of Contact Person  Enclosed is a check for the following amount:  \$\Begin{array}{c} \text{Status} \text{ \$\text{Status} \t		rter Section	on orporations			
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Unknown BBQ Inc.  Firm/Company  976 Whisper Cove  Address  Winter Haven, FI 33880  City, State and Zip Code  Whitcombclark@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Clark Whitcomb  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{align*} \Begin{align*} \text{S105.00 Filing Fees} & \Begin{align*} \Begin{align*} \Begin{align*} \text{S113.75 Filing Fees} & \Begin{align*} \Begin{align*} \Begin{align*} \text{S105.00 Filing Fees} & \Begin{align*} \Begin{align*} \Begin{align*} \text{S113.75 Filing Fees} & \Begin{align*} \Begin{align*} \Begin{align*} \text{S122.50 Filing Fees} & \Begin{align*} alig	Please retu	m all corre	espondence concerning	this matter to:		
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Clark Whitcomb  Name of Contact Person  Real Code and Daytime Telephone Number  Enclosed is a check for the following amount:  \$\B\$\$ \$105.00 \text{ Filing Fees}  \text{S113.75 Filing Fees}  \text{S113.75 Filing Fees}  \text{Certified Copy}  \text{Certificate of Status}  \text{Certificate of Status}			<del></del> •			
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STREET ADDRESS: MAILING ADDRESS:			<u>s:</u>			
Charter Section Charter Section	Charter Section					
Division of Corporations  Clifton Building  Division of Corporations  P. O. Box 6327	Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

13 JUL 11 PH 3: 22
SECRETARY OF STATE ALLAHASSEE. FLORIDA

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Unknown BBQ LLC (209 – 52876)
Enter Name of Other Business Entity
2. The "Other Business 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 June 5, 2009  Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
Florida
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
Unknown BBQ INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 2Nd day of JULY	, 20 <u>/3</u> .	
Required Signature for Florida Profit Corporation	on:	
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: Lune Complete WHITCHING Title:	decont	not
Required Signature(s) on behalf of Other Business signature(s).]	Entity: '[See below for required	
Signature: Clark Unitomf Printed Name: CLARK WHITCOME	Title: VP/CFO	
Signature: Printed Name:	F11.13	
Signature: Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	_Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	v Partnership:	•
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	v Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	ECRETA ECRETA	3
All others: Signature of an authorized person.	SEE. F	<b>X</b> [1]
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35,00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	3: 22

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

ARTICLE The name o	f the corporation shall be: Unknown BB	QINC				
ARTICLE The principa	al place of business/mailing address is:					
Clark Whitcomb	Principal street address		Mailing address, if different	is:		
976 W	hisper Cove				Davis .	
Winter	Haven, FI 33880					
ARTICLE				SE(	_ 	
	e for which the corporation is organized is:		į	≱Ž.		
Any ar	nd All Lawful business.			<u> </u>		
			Ç P	n̂<	Ta	
			<u> </u>	<u>د کر</u>		
And the state of t						
ARTICLE The number	r of shares of stock is:		3	>		
ARTICLE	V INITIAL OFFICERS AND/OR DIR	ECTORS				
Name and	Title: Jason Whitcomb -Pres	Name and Title	Clark Whitcomb - VP			
Address:	1030 Summer Glen dr.	Address:	976 Whisper cove			
	Winter Haven, Fl 33880		Winter Haven, FI 3388			
Name and	Title: Kris Whitcomb	Name and Title	Jared Kremer			
Address:	14525 Pointe East Trail	Address:	514 Buckminster circle			
	Clermont, FI 34711		orlando, fl 33803			
Name and	Title: Larry Kremer	Name and Title	e. Art Fulmer Jr. Esq			
Address:	6956 Hayter Dr	Address:	6577 Eagle View L	-00	р	
	Lakeland, FI 33813	•	Lakeland, Fl33813	·		
ARTICLE						
The name	and Florida street address (P.O. Box NOT acce	eptable) of the regi	stered agent is:			
Name:	Clark Whitcomb					
Address:	976 Whisper Cove					
	Winter Haven, Fl 33880	í				

The name and address of the Incorporator is:

Name:

Clark Whitcomb

976 Whisper Cove

Winter Haven, FI 33880

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

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

INCORPORATOR

ARTICLE VII

13 JUL 11 PM 3: 22
SECRETARY OF STATE
FALL AHASSEE, FLORIDA