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(Requestor's Name)				
(Address)	· • • · · · · · · · · · · · · · · · · ·			
(Address)				
- (1	City/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
	Business Entity Name	e)			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions t	to Filing Officer:				
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Office Use Only



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' CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Celestial Properties, I	nc.			
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<u>.</u>				
				Art of Inc. File
·				LTD Partnership File
		'		Foreign Corp. File
		!		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
		,		Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
g				Vehicle Search
				Driving Record
Requested by: SETH	06/13/16			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Maille	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO:	Charter Section Division of Co						
STIRT	ፑርጥ	C	ELESTIAL	. PROPERTIE	S, INC.		
SCDJ.	SUBJECT:Name of Resulting Florida Profit Corporation						
		te of Conversion, Article Profit Corporation" in a				nitted to convei	rt an "Other Business
Please	return all corres	pondence concerning thi	s matter to	o:			
		Ann Genet					
		Contact Person					
	•						
		Firm/Company		THE TOTAL PROPERTY OF THE PARTY			
		4771 Amber Glen Ct					
		Address					
		Las Vegas NV 89147					
		City, State and Zip Cod	е				
		nvparalegal@cox.net					
E	E-mail address: (t	to be used for future annu	ual report	notification)	•		
For fur	ther information	concerning this matter,	please cal	I:			
Ann G	enet		at () 480-	8960		
	Name of C	ontact Person		Area Code aı	id Daytime T	elephone Num	ber
Enclos	ed is a check for	the following amount:					
= \$10:	5.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status		75 Filing Fee: ified Copy	Certificate		
New F Division	ET ADDRESS: ilings Section on of Corporation Building executive Center			New Divis P. O.	LING ADDR Filings Section ion of Corpor Box 6327 hassee, FL 32	on rations	

Tallahassee, FL 32301

$\frac{\textbf{Certificate of Conversion}}{For}$

"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:
CELESTIAL PROPERTIES, INC. F14-3559
Enter Name of Other Business Entity
Corporation 2. The "Other Business Entity" is a (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
March 1, 2012
 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: The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>:
CELESTIAL PROPERTIES 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; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.) 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.
Page 1 of 2

Page 1 of 2

Signed thisday of	20/6		
Required Signature for Florida Profit Corporati	ion:		
Signature of Chairman, Vice Chairman, Director, C Incorporator: Printed Name: Kevin Casciola Title: Man	officer or, if Directors or Officers have not be	en selected, an	
Required Signature(s) on behalf of Other Busine	SE Entity: See below for required signature	(s).]	
Signature:			
Printed Name: Kevin Casciola	Title: Delication TON / President	dent	
Signature: (MWALLATON)	<u> </u>		
Printed Name: Couring Arou	Title: MARCTOR SECTO	etary	
Signature:		-	
Printed Name:	Title:	<u>-</u>	
Signature:		·	
Printed Name:	Title:	***	
Signature:			
Printed Name:	Title:	<u></u>	
Signature:		<u></u>	
Printed Name:	Title:	_	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partuership:	16 JI SECR	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:	IN 13	on all
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	c.	AH IO: 22 OF STATE E. FLORIO	Aleksan
All others: Signature of an authorized person.		₩ 2	
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)		

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

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
5020 CLARK RD #221		
SARASOTA, FL 34233		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized	is:	
Rehab of real property		
	,	
	CCS ARi	<u> </u>
	Tri Net	HIT HIT HIT HIT HIT HIT HIT HIT HIT HIT
ARTICLE IV SHARES The number of shares of stock is:	SO ((S) ((M)	ಎ
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS	
Name and Title: KEVIN CASCIOLA, President): 22
5020 CLARK RD #221 Address:	Address:	
SARASOTA, FL 34233		
Name and Title: COURTNEY ARON, Secretary	Name and Title:	
Address: 5020 CLARK RD #221	Address:	
SARASOTA, FL 34233		
Name and Title:	Name and Title:	

The name	e and Florida street address (P.O. Box NOT accepts	able) of the registered agent is:	
Name:	Aubrey Dallen & Associates LLC		
Address:	1280 Carlton Arms Circle Unit A		
	Bradenton FL 34208	·	•
ARTICL			
The name	and address of the Incorporator is:		
Name:	Kevin Casciola		
Address:	5020 Clark Rd #221		
	Sarasota FL 34233	•	
******* Having be	**************************************	**************************************	ignated In
this certifi	cate, I am familiar with and accept the appointment	as registered agent and agree to act in this capacity	
He	Salar Landon	12/08/2015	
/	Required Signature/Registered Agent	Date	
I submit tl document	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information subneferming felany as provided for in s.817.155, F.S.	uitted in a
	and the	12/08/2015	
	Required Signature/Incorporator	Date	

