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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

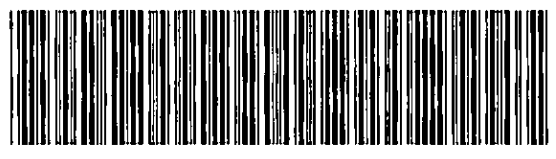
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ALL AMERICAN METAL RECYCLING, INC
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:

ROBERT C. LANE, JR.
Contact Person

BOB LANE'S COMPLETE ACCOUNTING
Firm/Company

400 TOMPKINS STREET
Address

INVERNESS, FL 34450-4139
City, State and Zip Code

rlanejr@tampabay.fl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDITH H. BROWN (of Bob Lane's Accounting) at (352) 344-2888
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

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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:

ALL AMERICAN METAL RECYCLING, LLC 417-1586663
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 AUGUST 1, 2017
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 attached Articles of Incorporation:

ALL AMERICAN METAL RECYCLING, INC
Enter Name of Florida Profit Corporation

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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TALLAHASSEE, FLORIDA

Signed this 4 day of June, 2018

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Karen N. Gustafson

Printed Name: KAREN N. GUSTAFSON Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Karen N. Gustafson

Printed Name: KAREN N. GUSTAFSON Title: MGR

Signature: Ian R. Fischer

Printed Name: IAN R. FISCHER Title: MGR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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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:

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

ARTICLE I NAME

The name of the corporation shall be: ALL AMERICAN METAL RECYCLING, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

10198 S. PALOMINO TRAIL

~~P.O. BOX 1853~~ 10198 S Palomino Trail

FLORAL CITY, FL 34436

~~LAND O LAKES, FL 34639~~ Floral City FL 34436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

METAL RECYCLER AND/OR ANY OTHER BUSINESS OF A LAWFUL NATURE

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ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAREN N GUSTAFSON-PRESIDENT

Name and Title: IAN R FISCHER-VICE PRESIDENT

Address: ~~P.O. BOX 1853~~ 10198 S Palomino Trail
~~LAND O LAKES, FL 34639~~ Floral City, FL 34436

Address: 10297 S. BUCKSKIN AVENUE
FLORAL CITY, FL 34436

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: KAREN N. GUSTAFSON
Address: 10198 S. PALOMINO TRAIL
FLORAL CITY, FL 34436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KAREN N. GUSTAFSON
Address: 10198 S. PALOMINO TRAIL
FLORAL CITY, FL 34436

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

Karen Gustafson
Required Signature/Registered Agent

~~APRIL 23, 2018~~ June 4th 2018
Date

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.

Karen Gustafson
Required Signature/Incorporator

~~APRIL 23, 2018~~ June 4, 2018
Date

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FALLAHASSEE, FLORIDA