P1900004377

(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:

Office Use Only

M MOON



100317960391

09/24/18--01022--005 **30.90

10/31/18--01002--001 **75.00

TR OCT 31 AH II: 19

W18-87374

L0800092750

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:			
AJC Advisory Services Lic Enter Name of Other Business Entity			
Enter Name of Other Business Entity			
2. The "Other Business 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 Horida			
(Enter state, or if a non-U.S. entity, the name of the country)			
on God Cob & Enter date "Other Business Entity" was first organized, formed or incorporated			
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:			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Set us Compared in Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: B/01/2014. (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.			

Page 1 of 2



Signed this 21 day of October	. 20 1 8	
Required Signature for Florida Profit Corporat	tion:	
Signature of Chairman, Vice Chairman, Director, C Incorporator: Printed Name: 100 Lloud (atom Title:	Officer, or, if Directors or Officers have not been sele	ected, ar
Required Signature(s) on behalf of Other Busin	ess Entity: [See below for required signature(s).]	
Signature:		
Printed Name: Applace Carturis	Title: Dire-tor	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liab Signature of one General Partner.		
If Florida Limited Partnership or Limited Liab Signatures of ALL General Partners.	ility Limited Partnership:	
Signatures of MEE Octicial Fatures.		
If Florida Limited Liability Company: Signature of a Member or Authorized Representati	ive.	
All others: Signature of an authorized person.	•	7
organical or an authorized person.		Z SE

Page 2 of 2

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

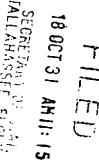
Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:



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

RTICLE I NAME the name of the corporation shall be:	Advisory Services (Inc.
RTICLE II PRINCIPAL OFFICE ne principal place of business/mailing address is:	
SIND Principal street address SIND Mystic Hollow CT	Mailing address, if different is:
Mystre Hollow CT -lower Mound, TX 75028	
e purpose for which the corporation is organized is:)
	SEGRETALL AND
	31 A A A A A A A A A A A A A A A A A A A
number of shares of stock is:	
ne and Title:	Name and Title:
lress:	Address:
ie and Title:	
	Name and Title:
ie and Title:	Name and Title: Address:

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
Name - A - A - A - A - A - A - A - A - A -	Ericle N#108
Address: 8560 Sharman (Circle N #/18
Miramor - F1 33020	<u></u>
ARTICLE VII INCORPORATOR	/ Λ
The <u>name and address</u> of the Incorporator is:	
Name: A A A A A A A A A A A A A A A A A A A	Le N#108
Address: 8560 Shalmon, Cili	Le NH108
Miramor, Fl 33	02S
	******** t service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
	10/21/18
Required Signature/Registered Agent	Date
	stated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.
Set	10/21/18
Required Signature/Incorporator	Date

FILED
18 OCT 31 AHII: 15
SECRETARY - 2 JAIL