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(Requestor's Name)					
(Address)					
(A)VIII					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(2004//0/// (4///22//)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
MITHOMETON BY FHONE TO CENT +					
DATE 2/6/13 file date					
DOG BRAM MES					

Office Use Only



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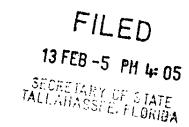
02/05/13--01016--030 **122.50

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COVER LETTER

TO:	Charter Section Division of C				
SUBI	ECT: Reev	ves & Saiz, In	iC.		
30110	ECT.		g Florida Profit Corpo	pration	
conve				tion, and fees are submitted to poration" in accordance with s.	
Please	e return all corre	espondence concerning	g this matter to:		
Jor	ge I. Saiz				
		Contact Person			
Re	eves & Sa	aiz, Inc.			
		Firm/Company			
125	555 Emer	ald Coast Pk	wy.		
		Address			
Mir	amar Bea	ach, Fl. 32550)		
	C	ity, State and Zip Code			
		rs@embarqm			
E	E-mail address: (to	be used for future annual r	eport notification)		
For fu	urther informati	on concerning this ma	tter, please call:		
Jor	ge I. Saiz	•	at (850)	269-1699	
	Name of Con	tact Person		Daytime Telephone Number	
Enclo	sed is a check f	or the following amou	int:		
5 10	05.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113,75 Filing Fo and Certified Copy	ees \$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:			G ADDRESS:		
Charter Section			Charter Section Division of Corporations		
Division of Corporations Clifton Building			P. O. Box 6327		
2661 Executive Center Circle			Tallahassee, FL 32314		
Tallal	hassee, FL 323	01			

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.

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:						
Reeves & Saiz, Inc. F0700000/663						
Enter Name of Other Business Entity						
2. The "Other Business Entity" is a S Corp. qualified in Florida (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 Kansas						
(Enter state, or if a non-U.S. entity, the name of the country)						
on03/26/2007 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>						
Reeves & Saiz, 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.)						

G' tol' 44 d C Sobran	20.12	FILED
Signed this 4th day of February	, 20_13	
Required Signature for Florida Profit Corporat	ion:	13 FEB -5 PM 4:
Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors o	of Officers have not IAI
been selected, an Incorporator:	· (301)	
Printed Name: Jorge I. Saiz Title:	Owner/ sectres:	
Required Signature(s) on behalf of Other Business	Entity: [See below for	required
signature(s).]		
Signature: Aud Manager		
Printed Name: Todd D. Regves	Title: president	
Signature: Track Signature:	•	
Printed Name: Jorgev Spiz	Title: sec/tres.	
Signature	\mathcal{L}	
Signature: Printed Name:	_ Title:	
Signature: Printed Name:		
Timed Name.	1 tile.	
Signature:	7 2.4	
Printed Name:	Title:	
Signature:		
Printed Name:	_ Title:	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	4
Signatures of ALL General Partners.		
If Florida Limited Liability Company:		
Signature of a Member or Authorized Representative	·•	
All others: Signature of an authorized person.		
E		
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)	

FILED

ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 13 FEB -5 PM 4: 05

ARTICLE The name of	of the corporation shall be: Reeves & Sal	iz, Inc.	SECRETARY OF STATE TALL AHASSEE, FLORIDA	
ARTICLE			TERRITA	
,	Principal street address		Mailing address, if different is:	
12555	Emerald Coast Pkwy.	-		
Miram	ar Beach, Fl. 32550			
ARTICLE The purpos	SE III PURPOSE se for which the corporation is organized is:			
Interio	r Consulting / Retail Home Fo	urnishing S	Store	
ARTICLE The numbe	r of shares of stock is: 200			
ARTICLE	Todd D. Booves, Brosident		lorgo I Saiz-Sac/Tres	
Name and	Title: Todd D. Reeves- President 87 Courtyard Circle		Jorge I. Saiz-Sec/Tres. 87 Courtyard Circle	
Address:	Santa Rosa Beach,Fl. 32459	Address:	Santa Rosa Beach, Fl. 32459	
Name and	Title:	Name and Title	×	
Address:		Address:		
Name and Title:		Name and Title	:	
Address:		Address:		
Name:	EVI REGISTERED AGENT and Florida street address (P.O. Box NOT acce Jorge I. Saiz 87 Courtyard Circle	eptable) of the regi	stered agent is:	
Address:	Santa Rosa Beach, Fl. 32459			

The name and address of the Incorporator is:

Name:

Jorge I. Saiz

Address:

87 Courtyard Circle

Santa Rosa Beach, Fl. 32459

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Required Signature/Incorporator

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.

Date