P13000047003

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

MRD)31/13

COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Corpora			
SUBJECT: DE	Name of Resulting	BOURNE Florida Profit Corporation	REALTY_
The enclosed Certificate of convert an "Other Business 607.1115, F.S.			
Please return all correspond	dence concerning	this matter to:	
DELAIM	$\equiv \mathcal{H}, \mathcal{B}$	OURNE	
DE -A I ON Firm	Bour n/Company	RNE REA	LTYIAC
P.O. Box	2766°	3	
PAMAMA (City, Sta	2 Ty BE	ACH FL	32411
DELAINE & GE-mail address: (to be used	BOURNE I for future annual re	port notification)	L. Com
For further information cor	ncerning this mat	ter, please call:	
DEHAINE B	OURNE	at (850) 3	8/8425
Name of Contact Pe	rson	Area Code and Daytin	ne Telephone Number
Enclosed is a check for the	following amour	nt:	
	13.75 Filing Fees Certificate of s	□\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Charter Section Division of Corporations Clifton Building 2661 Executive Center Cir	cle	MAILING A Charter Section Division of Co P. O. Box 632 Tallahassee, F	on orporations 7



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2013

DELAINE A BOURNE DELAINE BOURNE REALTY INC. PO BOX 27669 PANAMA CITY BEACH, FL 32411

SUBJECT: DELAINE BOURNE REALTY INC.

Ref. Number: W13000028185

We have received your document for DELAINE BOURNE REALTY INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 013A00011947

284/2 , MAy 2013

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:
BOURNE REALTY INC, Enter Name of Other Business Entity
2. The "Other Business Entity" is a SCORPOROTION (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
on JAN, 24, 2000 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 <u>attached Articles of Incorporation:</u>
DELAIME BOURNE REALTY TWC. 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.)

•				
Signed th	is <u>7</u> day of <i>MA</i>	- y	, 20/	<u>3</u> .
Required	l Signature for Florida Profit	Corporation:		
Signature been sele Printed N	of Chairman, Vice Chairman cted, an Incorporator: Let Jame: DEMINE H. BOU	Director, Officer, and A. Box PNA itle:	or, if Directors or	Officers have not
signature(Signature(s) on behalf of Others(s).] : ame: J. STAN BOUR		: [See below for re	
	:ame:	Title:		
Signature Printed N	: ame:	Title:		
Signature Printed N	: ame:	Title:		
Signature Printed N	:ame:	Title:		
Signature Printed N	:ame:	Title:		
	a General Partnership or Limit of one General Partner.	ted Liability Parti	<u>iership:</u>	
	a Limited Partnership or Limit s of <u>ALL</u> General Partners.	ted Liability Limit	ted Partnership:	13 H SECP
If Florida Signature	a Limited Liability Company: of a Member or Authorized Rep	presentative.		N 28 Misser
_	s: of an authorized person.			N 28 PM 4: 51
F C	Pertificate of Conversion: lees for Florida Articles of Inconfertified Copy: Pertificate of Status:	\$8.75		•

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

The name of the corporation shall be: DE	E BOURNE KEALTY INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	,
Principal street address HOOO MARKIOTT DR. PANAMA ESTIPBEACH FL	P.O. BOX 27669 RAMMA CITY BEACH FL 32411
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	,
REAL BOTATE SALBO	TO STATE OF THE PARTY OF THE PA
	The second
ARTICLE IV SHARES The number of shares of stock is:	TORDE S. S.
ARTICLE V INITIAL OFFICERS AND/OR DIR.	ECTORS
Name and Title: DEHAINE A BOURNE Address: PRESIDE A 27669	SFCRBTARY
Name and Title:	Name and Title: 324//
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acception 1)	
Name: DELAINE A. BOU.	RME
Address: <u>UNII 3607</u> HDDD MARRIDIT	י אפר
HOOD MARRIOTT PANTAMA CIPY B	EACH FL.

The <u>name and address</u> of the Incorporator is:
Name: DEHINE A. BOURNE
Address: PO, BOX 27669
PANAMA CRy BEACH FL. 32411
- /

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 5-2-20/3 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.
Required Signature/Incorporator 5 -2-2013 Date

ARTICLE VII INCORPORATOR

