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(Ře	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



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COVER LETTER

TO: Charter Section Division of Corporations						
SUBJECT: BURN'S LAW OFFICES, P.A.						
	Resulting Flor	ida Profit	Corporation			
The enclosed Certificate of Conversion, Article Entity" into a "Florida Profit Corporation" in ac				an "Othe	r Busir	ıcss
Please return all correspondence concerning this	is matter to:					
NATALIE BURNS						
Contact Person						
5: 10						
Firm/Company						
800 VILLAGE SQUARE CROSSING SUITE 337						
Address						
PALM BEACH GARDENS, FL 33410						
City, State and Zip Cod	le					
NATALIE@BURNSLAWFL.COM						
E-mail address: (to be used for future ann	ual report notif	ication)				
For further information concerning this matter,	please call:					
NATALIE BURNS	_at (733-8	223			
Name of Contact Person	Area	Code and	1 Daytime Telephone Number	:r		
Enclosed is a check for the following amount:						
■ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	X.	4	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle		New F Division P. O. E	ING ADDRESS: Filings Section on of Corporations Box 6327 assee, FL 32314		18 SEP 20 PH	
Tallahassee, FL 32301				택 ,	2:3	ť.

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 pri-	or to the filing of this Certificate of Conversion is:
NATALIE M. BURNS, P.L.	LU7600112517
Enter Name of Otl	her Business Entity
2. The "Other Business Entity" is aimited liability company	
(Enter entity type. Example: limited general partnership, common law or	liability company, limited partnership, business trust, etc.)
first organized, formed or incorporated under the laws of Plot	rida
(Enter state, or if a non-U.S. e	ntity, the name of the country)
11/06/2007 on	
Enter date "Other Business Entity" was	first organized, formed or incorporated
If the jurisdiction of the "Other Business Entity" was chan organized, formed or incorporated:	ged, the state or country under the laws of which it is now
4. The name of the Florida Profit Corporation as set forth in t BURNS LAW OFFICES, P.A.	he attached Articles of Incorporation:
Enter Name of Florid	a 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 Department of State.) Note: If the date inserted in this block does not meet the applicated as the document's effective date on the Department of State.	days after the date this document is filed by the Florida icable statutory filing requirements, this date will not be

Page 1 of 2

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Sign	ed thisday of	, 20	
Req	uired Signature for Florida Profit Corporati	on:	
Sign	ature of Chairman, Jic Chairman, Director, O	fficer, or, if Directors or Office	ers have not been selected an
Incor Print	red Name: NATALIE BURNS Title: OFF	TCER	
Regi	nired Signature(Mon behalf of Other Busine	ss Entity: [See below for requ	ired signature(s) !
Signa	ature: Usar	(**************************************	1100 318111110(3).j
Print	ed Name: NATALIE BURNS	Title: MGRM	
	ature:		
	ed Name:		
	ed Name:		···
	rd Name:		
	ture:		
	ture:ed Name:		
	ture:		
	ed Name:		
Signa	rida General Partnership or Limited Liabili ture of one General Partner.	ty Partnership:	
<u>lf Flo</u>	rida Limited Partnership or Limited Liabili	y Limited Partnership:	
	tures of ALL General Partners.		
lf Flo Signal	rida Limited Liability Company: ture of a Member or Authorized Representative		
_	hers:		
All of	lure of an authorized person.		₹'
All oti Signat		\$ 35.00	
All of	Certificate of Conversion	Φ33.WV	SEP SEP
All oti Signat	Certificate of Conversion: Fees for Florida Articles of Incorporation:	\$70.00	
MI ot i Signat		\$70.00 \$8.75 (Optional) \$8.75 (Optional)	10 FO

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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 800 VILLAGE SQUARE CROSSING	Mailing address, if different is: 800 VILLAGE SQUARE CROSSING	
SUITE 337	SUITE 337	
PALM BEACH GARDENS, FL 33410	PALM BEACH GARDENS, FL 33410	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
PRACTICE OF LAW		
		_
		_
		_
		-
		- -
		- -
		- -
PATICLE IV SHARES the number of shares of stock is:		- -
he number of shares of stock is:		-
RTICLE V INITIAL OFFICERS AND/OR DID	RECTORS	-
RTICLE V INITIAL OFFICERS AND/OR DID ame and Title: NATALIE BURNS, OFFICER 800 Village Supply Creating Suits 222		-
RTICLE V INITIAL OFFICERS AND/OR DID ame and Title: NATALIE BURNS, OFFICER 800 Village Square Crossing, Suite 337	RECTORS	- 6
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DID fame and Title: NATALLE BURNS, OFFICER	Name and Title:	
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DE ame and Title: NATALIE BURNS, OFFICER 800 Village Square Crossing, Suite 337 Palm Beach Gardens, FL 33410	Name and Title: Address:	
RTICLE V INITIAL OFFICERS AND/OR DID Tame and Title: NATALIE BURNS, OFFICER 800 Village Square Crossing, Suite 337 Palm Beach Gardens, FL 33410 arme and Title:	Name and Title: Address: Name and Title:	_ 2ï
RTICLE V INITIAL OFFICERS AND/OR DID Tame and Title: 800 Village Square Crossing, Suite 337 Palm Beach Gardens, FL 33410 ame and Title: ddress:	Name and Title: Address: Name and Title: Address:	. 2: :2:
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DEFINED AND AND AND AND AND AND AND AND AND AN	Name and Title: Address: Name and Title: Address:	U FH 2: 31
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DESCRIPTION Tame and Title: NATALIE BURNS, OFFICER 800 Village Square Crossing, Suite 337 Palm Beach Gardens, FL 33410 ame and Title: ddress:	Name and Title: Address: Name and Title: Address:	

MILITEL		
The name	and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	NATALIE BURNS	3.2
Address:	800 Village Square Crossing, Suite 337	_
	Palm Beach Gardens, FL 33410	
ARTICL		
THE HAIRE	and address of the Incorporator is:	
Name:	NATALIE BURNS	
Address:	800 Village Square Crossing, Suite 337	
	Palm Beach Gardens, FL 33410	
-		
******	***********	***************************************
Having bed his certific	en named as registered agent to accept se cate, I am familiar with and accept the ap	rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	1/112	8/31/18
	Required Signature/Registered Agent	Date
submit th	is document and affirm that the facts sta	ted herein are true. I am aware that any false information submitted in a
locument t	o the Department of State constitutes a th	ird degree felony as provided for in s.817.155, F.S.
	When	8/31/18
	Required Signature/Incorporator	Date

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