# NIGUEUSSOB

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

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#### COVER LETTER

	r Section on of Corporations			
SUBJECT:	Mission Ma	(Ketplace INC. e of Resulting Florida P <del>rof</del> i		
	Name	of Resulting Florida Profi	Corporation NON For	Pofit
Entity" into a ".	Certificate of Conversion, Art Florida P <del>rofit</del> Corporation" i Now For Profit I correspondence concerning	n accordance with s. 607.1		rert an "Other Business
K	Contact Person	Jr.		
	Mission Market Firm/Company	place Inc.		
10190	Tin Maple Dr. 1	+132		٠
Est	City, State and Zip	28		18 HAY 21
	Kevin Vanduscredress: (to be used for future	2@ Gmail: Con	٨	21 PH 3: 5
For further info	ermation concerning this mat	ter, please call:		5
Kevir	n Van Duser	at ( 239 ) 2	87 2179	
Nar	ne of Contact Person	Area Code ar	nd Daytime Telephone Nu	mber
Enclosed is a ch	heck for the following amou	nt:		
\$105.00 Fili	ng Fees □\$113.75 Filing F and Certificate of Status	ees	s = \$122.50 Filing Fees. Certified Copy, and Certificate of Status	
STREET ADD New Filings Se Division of Cor Clifton Building 2661 Executive	ction porations g	New Divis P. O.	LING ADDRESS: Filings Section ion of Corporations Box 6327 hassee, FL 32314	

Tallahassee, FL 32301

### **Certificate of Conversion**

For

"Other Business Entity"

Into

## Florida Profit Corporation NON FOC PROfit

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.
Now For Profit 617
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Mission Market place UC LISCOS8409
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMHA LIAO HITY 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 April 9 2018  Enter date "Other Business Entity" was first organized, formed or incorporated
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
onApril 9 2018  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:
New For Profit
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Mission Warket place INC.
MISSION WAYKET PLACE TNC.  Enter Name of Florida Profit Corporation NON FOI PROFIT
5. If not effective on the date of filing, enter the effective date: 05/01/2018  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid.
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.

	Signed thisday of	lay 20 18	
	NON FOR Profit	1	
	Required Signature for Florida Profit Corporation		
<b>-</b> >	Signature of Chairman, Vice Chairman, Director, Offi- Incorporator:	cer, or, if Directors or Officers have not be	een selected, an
•	Printed Name: Kevin Vanduse Title: Ot	wher c Eo	
	Required Signature(s) on behalf of Other Business	Entity: [See below for required signature	:(s).]
>	Signature: Signature Signature		
	Printed Name: Kevin VanDuser	Title: DWNCY CFO	_
	Signature: Marker To he		<del>-</del> .
	Printed Name: Kevin Van Duser  Signature: Matthew Lelievie  Printed Name: Matthew Lelievie	Title:	18 HAY 21
	Signature:		_ 2
	Printed Name:	Title:	_ ? ?
	Signature:		بن س
	Printed Name:	Title:	- ,.
	Signature:		<u> </u>
	Printed Name:	Title:	_
	Signature:		_
	Printed Name:	Title:	_
	If Florida General Partnership or Limited Liability	Partnership:	
	Signature of one General Partner.		
	If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
	If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
	All others: Signature of an authorized person.		
	Fees:		
	Certificate of Conversion: Fees for Florida Articles of Incorporation:	\$35.00 \$70.00	
	Certified Copy:	\$70.00 \$8.75 (Optional)	
	Certificate of Status:	\$8.75 (Optional)	

#### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:	on Marketplace Inc.
ARTICLE II PRINCIPAL OFFICE	, -
Principal <u>street</u> address: 10190 Tin Maple D	Mailing address, if different is:
<u>#132</u>	
Estera, FL. 3392	8'
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	To donate and support local and
0	
	· · · · · · · · · · · · · · · · · · ·
	. U
Meeting MINNES SISNED S  ARTICLE V INITIAL OFFICERS AND/OR DIRECT	
Name and Title: Kevin Van Ouser	Name and Title:
Address 10190 Tin Maple Dr. # 132	Address:
Estero, Fl 33928	<i>*</i>
Name and Title: Mathew believ	(e) Name and Title:
Address 2005 Eagle Stone	$\wedge$
Sstero FL 33928	<del></del>
Name and Title:	Name and Title:
Address	Address:
<del></del>	

Name and Title:		Name and Title:	
Address _		Address:	
_		<u> </u>	
_			
Name and Title:	711	Name and Title:	
Address _		Address:	
-		<del></del>	
-			
	REGISTERED AGENT		
The <u>name and F</u>	orida street address (P.O. Box NOT a		18 T
Name:	Kevin Van Duser		
Address:	_10190 Tin Maple	Dr. #132	2
	Estero FL 3	3928	?
	l		. ယ . ယ
	INCORPORATOR Idress of the Incorporator is:		·
ine <u>name and a</u>		-	
Name:	_ Kevin Van Dusch		
Address:	10190 Tin Maple	)r.±132	
	Estero, FL 33	728	
ARTICLE VIII	EFFECTIVE DATE:	1 1/	
Effective date, if	other than the date of filing:05	OI 2018 (OPTIONAL)	
(II all effective (	are is usied, the date must be speem	and cannot be more than five days pi	rior or 90 days after the filing.)
Note: If the date	inserted in this block does not meet the	e applicable statutory filing requirements	s, this date will not be listed as the
document's effec	tive date on the Department of State's i	ecords.	
Having been na certificate, I am	ned as registered agent to accept serv amiliar with and accept the appointme	ice of process for the above stated corp nt as registered agent and agree to act in	oration at the place designated i. this capacity
$\rightarrow$	11/10-		1 1
' - A	Required Signature of Register	red Agent	5/9/18
[ submit this doc		nerein are true. I am aware that any falso	a information submitted in a dose
to the Departmen	of State constitutes a third degree felo	ony as provided for in s.817.155, F.S.	с одыншин энетиси т и иось
-> //	24/		5/9/18
	Required Signature of In	corporator	Date