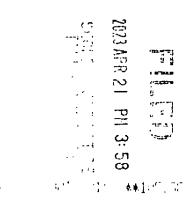
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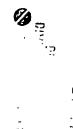
(F	Requestor's Name)	
4)	Address)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
	-	

Office Use Only



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CHANGE



COVER-LETTER

New Filing Section

TO:

Division of Corporations	
SUBJECT: UNCONQUERED, I Name of Resulting Florida Profit	NC.
Name of Resulting Florida Profit	Corporation
The enclosed Articles of Conversion, Articles of Incorporation, and fees entity into a "Florida Profit Corporation" in accordance with ss. 607.119	are submitted to convert the following eligible 333 & 607.0202, F.S.
Please return all correspondence concerning this matter to:	
Stephen C. Reilly Contact Person	
Firm/Company	
5984 Hardy Croom Court	
Tallohassee, Florida 32309 City, State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephen C. Reilly at (850) 7 Name of Contact Person Area Code ar	66-2248 (Cll) nd Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\$105.00 Filing Fees	S S122.50 Filing Fees, Certified Copy, and Certificate of Status
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Pierror New Pierr	et Address: Filing Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 810 shassee, FL 32303

Certificate of Conversion Let "Other Business Entity" Into Florida Profit Corporation (Services)

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Prefit-Corporation in accordance with s. 607.1155; Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filling of this Certificate of Conversion is:

UNCONQUERED, LLC

Enter Name of Other Business Entity (Enter entity type. Example: limited liability company limited partnership, 2. The "Other Business Entity" is a _____ general partnership, common law or business trust, etc.) Toly 18, 2014

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 ในกริการ์แ 4. The name of the Florida Profit-Corporation as set forth in the <u>attached Articles of Incorporation</u>: UNCONQUERED Inc.

Enter Name of Florida 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 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.

•										
Signer	d inis	20_Un or_	April			-3				
			tadoù R-sa Camaration							
Signat Incorp Printed	ture of Chair porator: d Name:	man. Vice Chili Eppen C. 1	zeilly ide: _ le	sident	frectors or Ott	Teers have no	n been selve	ted, an		
<u>Requi</u>	red Signati	ire(s) on behalf	of Other Business F	Intity: [So	e below for re	equired signa	ture(s).]			
Signut	uie:	· (U	Re: 114	Title:	Mana	ger			207	
Printed	J Name:	zepkon C.	• x · (19	_ ' ' ' ' '				- <u>- </u>	2023 AFR	c-
Signat	nte:			Tide:					R 21	,
Printed	d Name:			' ' ' ' ' ' ' ' ' ' '				1	PH	.: : •
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Printed	i Name:			Title: _						
If Flor Signati	ida Gener: ure of one C	al Partnership General Partner.	or Limited Liability	<u>Partners</u>	<u>ıip:</u>	*				
If Flor Signati	rida Limite ares of <u>AL</u> l	d <u>Partnership (</u> ∠General Partne	or Limited Liability ers	Limited I	Partnership:					
If Flor Signati	<u>ida Limite</u> ure of a Me	d <u>Liability Cor</u> mber or Author	anauy: ized Representative.							
All oth Signatu	<u>iers:</u> ure of an au	thorized person				•				
Fees:	Fees for F Certified (: of Incorporation:	\$35.00 \$70.00 \$3.75 (9 \$8.75 (9	Optional) Optional)					

Page 2 of 2

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

ARTICLE 1 N The name of the co	AME orporation shall be:	UNCOR	VQUERI	ED, I	NC.	·		
598	Principal <u>street</u> address: H Hardy Cron I Dhissee	om Court Fl 323	 09	Mailing addres	s, if different is	:		-
ARTICLE III The purpose for v	PURPOSE which the corporation is of Flor, do	organized is:	To provi Universi	de sy	opict	to	2023 APR 2	
ARTICLE IV	MANNER OF ELECT	ON_The manner	in which the directo	rs are elected and	appointed:	As	PH 3: 58	
Name and Title:	INITIAL OFFICERSA Stophen C. Re 5984 Itasdy Tallahussee	illy - flosid	Name and Title:_					
Name and Title: Address	John E 3209 Bal Tallassee,	Beilly-V dwin Prive Fl 323	Name and Title: Address:					
Name and Title Address								

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
	Address.	
Address		
	en e	20
The name and Florida street addre	ss (P.O. Box NOT acceptable) of the registered agent is:	23 A
Name: Step	Hardy Goom Court 1358Pe, Fl 32309	P2 ;
<9 8U	Hardy Goom Court	2
Address: <u>3984</u>	1112 El 27700	P بہ
<u> </u>	JUSTE FI DUSON	
ARTICLE VII INCORPORATO The name and address of the Incorp	<u>PR</u> purator is:	л 0
Name:	hen c. Reilly Hardy Croom Court hassol, Florida 32309	
Address: 5984	: Hardy Croom Court	
Talla	hassel, Florida 32309	
ARTICLE VIII EFFECTIVE D	ATE: OFFICIALLY DE date (OPTIONAL)	
Effective date, if other than the date (If an effective date is listed, the	date must be specific and cannot be more than five days prior or 90 days after th	e filin
Note: If the date inserted in this b	lock does not meet the applicable statutory filing requirements, this date will not be li	sted a
document's effective date on the I	Department of State's records.	
Having been named as registered	agent to accept service of process for the above stated corporation at the place des	signat
certificate, I am familiar with and	accept the appointment as registered agent and agree to determine 1	
(W	ed Signature of Registered Agent 4/20/2 Date	3_
	that the facts stated herein are true. I am aware that any fulse information submitted in	n a do
I submit this document and affirm	s a third degree felony as provided for in s.817.155, F.S.	