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(Re	equestor's Name)
(Ad	dress)
(Ad	(dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Conies	Certificates of Status
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Special Instructions to Film	ng Officer:
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Office Use Only



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RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: PIZN PAUS = INC Name of Resulting Florida Profit Corporation
Name of Resulting Florida Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:
SIC NONAL ME = KITTLE Contact Person
PIZN PAUSE NC Firm/Company
113°1 Fru 5.7 Address
City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (372.1) 12.1.9(19) Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees \$\Bigcup \\$113.75 Filing Fees and Certificate of and Certified Copy Status \$\Bigcup \\$113.75 Filing Fees \$\Bigcup \\$1122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Address:Street Address:New Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N, Monroe Street, Suite 810

Tallahassee, FL 32303

Certificate of Conversion
For

Other Business Entity"
into
Profit Corporation
New Tieft

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 prior to the filing of this Certificate of Conversion is:
PIZN PANS = LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a CIM 1720 CIPBILITY CONDANY (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 $06/06/2073$
on CG / CG
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:
กะก <i>อก์t</i> d. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
PIX'N PRUSE INC
Pito Projet Corporation as set forth in the attached Articles of incorporation: Pito Projet Corporation Enter Name of Florida Profit Corporation Non Profit
5. If not effective on the date of filing, enter the effective date: 27 oc 723. 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 isted as the document's effective date on the Department of State's records.

Page 1 of 2

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Signed	1his <u>27</u>					23.		
	ed Signature fo	r Florida						
Incorpo Printed	rator: <u>STAN</u> Name: <u>AV Pad</u>	MA W.3	=_rmTitle: _	DICE	, or, if Directors or O			ii
Require	ed Signature(s)	on behal	f of Other Bus	iness En	tity: [See below for	required sign	nature(s).)	
Signatu	re: SAM	M						
					Title: DIFEC			
					Title:			
Signatu	ге:							
Printed	Name:	·			Title:			
Signatur	re:	<u> </u>		 -				
Printed	Name:				Title:			
								
Printed	Name:				Title:		_ 	
Printed	Name:				Title:			
If Florid	da General Par re of one Genera	tnership al Partner	or Limited Li	ability P	Partnership:			
If Florid	da Limited Par res of <u>ALL</u> Gen	tnership eral Partr	or Limited Li ers.	ability <u>I</u>	imited Partnership	<u>:</u>		
If Florid Signatur	da Limited Lia re of a Member	bility Co or Author	<u>mpany:</u> rized Represent	tative.				
All other	<u>ers:</u> re of an authoria	zed persor	٦.					
	Certificate of C Fees for Florida Certified Copys Certificate of S	i Articles	n: of Incorporatio	on:	\$35.00 \$70.00 \$3.75 (Optional) \$8.75 (Optional)			

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

The name of	$\frac{NAME}{\text{the corporation shall be:}} \frac{1}{12} \frac{1}{12}$	WIS = INC
	PRINCIPAL OFFICE	
	Principal street address:	Mailing address, if different is:
11	34 FMD 57	
	ALLAMASS: FC 323	803
	I PURPOSE	
		A CHARITY OF ANIZATION TUPE VIDE
		NEUTE / SUDICE LIFE SECVICES
(2) F=	200 1200 = 7-1 = L295	FEITUNDTE
(3) Fres	77: CATT 5:3711(-)	
ARTICLE	II I I I I I I I I I I I I I I I I I I	- in which the directors are elected and appointed. 220 - 10 - 2
		er in which the directors are elected and appointed: ADD 1716 UNC EXEMPLE MANGETY VETE
_1,750		7 1812
ARTICLE V	/ INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>
Name and T	ide Sicapon Mark the HANT	Name and Title:
Address	1134 (600 5%	
71001003	7 R L D 1405 ==	
	fi 32 30 3	3070/
	Title: SHOWN MOTHEWS	Name and Title:
	_	
Address	1177 STONE RO	Address:
	TNUAHASIES	
	£ 32363	
Name and T	Title: KASTE KINSMIN G	Name and Title:
Address	178 ROME VINE WOT	Address:
	9000 3 cono	
	FL 34736	

Name and Title:		Name and Title:	
Address _		Address:	
_			
Name and Title:	<u> </u>	Name and Title:	
Address _		Address:	
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acc	·	
Name:	SIr ADAM M= Ex II		
Address:	1134 FCD ST		
	Truck MASSEE FR	<u>37%</u> 3	
	INCORPORATOR ddress of the Incorporator is:		
Name:	SU- ADAM MEEK		
Address:	1134 FUD 57		
	TALLAHASSES FO	L 3230)	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: 27-0 date is listed, the date must be specific	C(7 7 2 (OPTIONAL) and cannot be more than five days pri	or or 90 days after the filing.)
	te inserted in this block does not meet the ective date on the Department of State's r		this date will not be listed as the
Having been n certificate, I am	amed as registered agent to accept servi familiar with and accept the appointmen	ce of process for the above stated corpor t as registered agent and agree to act in th	ration at the place designated in this is capacity
SA	M III		27 ((7 Z 3 Date
-	Required Signature of Register		
I submit this do the Department	cument and affirm that the facts stated he t of State constitutes a third degree felony	rein are true. I am aware that any false in as provided for in s.817.155, F.S.	
5A-1	ATT:		27 00773
	Required Signature of In	corporator	27 00773 Date 83
			P)
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