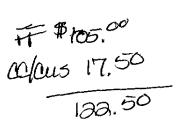
## P0600006a335

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  DON WILLIAMS GAVE
NUTHORIZATION BY PHONE TO
PATE 5/3/00 -
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## **COVER LETTER**

TO: Registration Division of C	Corporations							
SUBJECT:	HOLESALE CONI	NERTH COM	PANY					
SUBJECT: CHOCESAGE CONNECTEN COMPANY  (Name of Resulting Florida Profit Corporation)								
			and fees are submitted to tion" in accordance with s.					
Please return all corr	espondence concernin	g this matter to:						
	(Contact Person)							
WHOLÉSALÉ	(Firm/Company)	COMPANY						
150 E. i	(Address)	ANE #106						
LONG-WOOD	City, State and Zip Code)	0						
For further informati	on concerning this ma	tter, please call:						
DON WELL	(Am)	at (321 ) 03 (Area Code and Day	31 6093					
(Name of Co	ntact Person)	(Area Code and Day	ytime Telephone Number)					
Enclosed is a check to	for the following amou	ınt:						
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	S113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status					
STREET ADDRESS:		MAILING ADDRESS:						
Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	er Circle	Registration S Division of C P. O. Box 633 Tallahassee, I	orporations 27					

## **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.

of Conversion is:

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate

CANEWOOD 16 COFF FOH-1414

(Enter Name of Other Business Entity) (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) (Enter state, or if a non-U.S. entity, the name of the country) 7/22/2003
(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 attached Articles of **Incorporation:** WHOLE SALE CONNECTED COMPANY (Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: 04/25/2006 (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 this 157 day of APRIL , 2006.
Signature:  (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)
Printed Name: Don whiten Title: PRESTRENT DIRECTOR

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

WHOLE SALE COMPLETEN COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

150 E. WICDMENE ANK LONGWOOD FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL BUSINESS OUR POSES - TRAVER

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DON WELLEAMS

782 SENECA MEADOWS RD WINTER SPATILS PL 32708

PRESEDENT / DEPRETOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHELLE BROWN

150 E. WELD MENT ANT LONGUED FL 32750

ARTICLE VII INCORPORATOR The name and address of the Incorporato  DON WILLIAM		WELL	o méret	AUG	4106
20,0	CONFEREN	Fe	32113		
**************************************	ept service of process	s for the a	bove stated corp gistered agent an	oration at t	he place

Effective Date: 4/25/06.