P06000067432		
(Requestor's Name) (Address) (Address)	500069716965	
(City/State/Zip/Phone #)	04/10/0601017025 **122.50	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2006 APR 18 PH 2: 53 SECRETARY OF STATE TALLAHASSEE. FLORIDA	
Office Use Only	POU QU EFFECTIVE DATE <u>4-18-06</u>	



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2006

CYNTHIA MORGAN 21800 U.S. HWY 441 MOUNT DORA, FL 32757

SUBJECT: JAM INN INC Ref. Number: W06000017411

We have received your document for JAM INN INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

MPR 18 PH 2:

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You must list at least one incorporator with a complete business street address

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 106A00027470



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2006

CYNTHIA MORGAN 21800 U.S. HWY 441 MOUNT DORA, FL 32757

SUBJECT: JAM INN INC Ref. Number: W06000017411

We have received your document for JAM INN INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A00024793

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COVER LETTER

TO: Registration Section Division of Corporations

AAM FAN INC (Name of Resulting Florida Profit Corporation) SUBJECT:

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Cynthia M. Morgan

(Firm/Company)

21800 U.S. Hwy 441 (Address)

Mount DORA FL 32757 (City, State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (407) 886-7007 (Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$105.00 Filing Fees

\$113.75 Filing Fees and Certificate of Status

\$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status ក្ន

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: (Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ynthia Morgan (Contact Person)

JM_ FNN _ INC, (Firm/Company)

21800 U.S. Hwy (Address)

Mount DopA, FL 32257 (City, State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (401) 886-2007 (Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$105.00 Filing Fees

\$113.75 Filing Fees and Certificate of Status **\$113.75** Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status 2006

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STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Certificate of Conversion For <u>"Other Business Entity"</u> Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:

SAM INN LAC	L04-68088
(Enter Name of Other Business Entity)	2006 TA-
2. The "Other Business Entity" is a Linited LiAbilit	T CHE T
(Enter entity type. Example: limited liability company, limited proprietorship, general partnership, common law or busine	
first organized, formed or incorporated under the laws of $\underline{F/oR}$ (Enter state, or if a non-U.S. entity, the name of the co	da FEFF PH 2:
on <u>5ept. 17</u> 2004 (Enter date "Other Business Entity" was first organized, formed	H 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 <u>attached Articles of</u> <u>Incorporation</u>:

GAM INN INC. (Enter Name of Florida Profit Corporation)

Page 1 of 2

EFFECTIVE DATE

5. If not effective on the date of filing, enter the effective date: $\frac{4/18/06}{18}$. (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; <u>AND</u> 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 18th 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: CUNTHIA MORGHTILLE: DWNER, OPERATOR CHAIR SHARE HORDER

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

Page 2 of 2

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:

GAM INN INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

21800 U.S. Hury 441 Mount DORA, FL 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROTect PERSONAL ASSets & POSSIBLE investors in Future

ARTICLE IV ____ SHARES

The number of shares of stock is:

100 Belonging to Cynthia Morgan

006 NPR 18 PH 2: 53

ARTICLE V __ INITIAL OFFICERS AND/OR DIRECTORS

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

CUNHIA MORGAN 21800 U.S. Huy 44/ Mount DORA, FL 32757

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

SAME AS IN ARY, cle V Cynthia Morgan 2(800 U.S. Hwy 411

ARTICLE VII INCORPORATOR

**

The name and address of the Incorporator is:

CYNTHIA MORGAN 21800 US HWY 441 MOUNT DORA FL 32757

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Signature/Incorporator

P 0 Date ${}^{\mathscr{O}}$ Date

2006 APR 18 PH 2: 53 SECRETARY OF STATE