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PICK-UP	MAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: γ	1id Florida	Prosect	Management,		
(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:					
Chris	(Contact Person)	and			
Mid Florida Project management (Firm/Company)					
15505 M. H.ms HUP (Address)					
Tampa, F.1 33618 (City, State and Zip Code)					
For further information concerning this matter, please call:					
Facelis S	oto	at (8/3)	907-7462		
(Name of Co	ontact 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 Fee and Certified Copy	s \$\Bigcup\\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRES	SS:	MAILING	G ADDRESS:		
Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	P. O. Box	f Corporations		

Certificate of Conversion For "Other Business Entity" 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:
Mid Florida Prosect mana gement, LLC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Mid Florida Phosed Management in</u> (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)
(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 aws of which it is now organized, formed or incorporated:
The name of the Florida Profit Corporation as set forth in the <u>attached Articles of neorporation:</u>
Mid Florida Project Manage mont, Inc. =
(Enter Name of Florida Profit Corporation) • ≤∽

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5. If not effective on the date of filing, enter the effective date: (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 day of December, 20 07. Signature:
(Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)
Printed Name: Chris J Cambande: President

Fees:

Certificate of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00

Certified Copy: Certificate of Status: \$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

Mid Florida Prosect Management, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

The Principal OFFICE is 15505 M. Hims ALP. Tampa, Fl 33618 and the mailing address is

The purpose for which the corporation is organized is:
The corporation shall empage in any activity or
the corporation shall empage in any activity or
the corporation shall empage the laws of the
thiness per mitted under the state of Florida.

Ten Thousand (10,000) shares of common stock, each share hourns the Paz Value of one cent (\$10.1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):

President: Christopher J. Camiround 15505 M. Himes AUD TomPa, F1 33618

REGISTERED AGENT

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

Facelis Soto 4237 Balmoral Ct Wesley Chapel, F133543

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Falelis Soto 4837 Balmaral Ct Wesley Chapel, F1 33543	
Wester Chapel, Fl 33543	******
Having been named as registered agent to accept service of prodesignated in this certificate, I am familiar with and accept the apparately	
Facelis Solo	12/10/07
Signature/Registered Agent	Date ,
Encelis Soto	p/10/01.
Signature/Incorporator	Date

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