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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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C. LEWIS

JAN 1 2 2009

EXAMINER

COVER LETTER

S.

Division of (
SUBJECT:	FMDEN INC	· ·	·
		ng Florida Profit Corporation	on)
	-	-	, and fees are submitted to tion" in accordance with s.
	respondence concernin	g this matter to:	
DAVID SO	(Contact Person)		
	(Contact Person)		
FMDEV .	TNC. (Firm/Company)		
	(Firm/Company)		
150 BELLE	VIEW BLVD, 7 (Address)	4402	
BELLEAIR	FL 3375 (City, State and Zip Code)	76	
	(City, State and Zip Code)		
For further informat	ion concerning this ma	tter, please call:	
DAVID SOL	BOTA	at (727) 2	ytime Telephone Number)
(Name of Co	ontact Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check	for the following amou	ınt:	
□\$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
STREET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	Registration Division of C P. O. Box 63 Tallahassee,	Corporations 27

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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.

of Conversion is:
FMDEV LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LLC (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on 10/22/2008
(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 <u>attached Articles of Incorporation:</u>
FMDEV INC
(Enter Name of Florida Profit Corporation)
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 6 Hh da	ay of JANUARY	, 20 <u>09</u>	<u>; </u>
Required Signature for	r Florida Profit Corpora	tion:	
Signature of Chairman, been selected, an Incorp Printed Name: DAVI	Vice Chairman Director, orator:Title	officer, or if Directors or shafa	Officers have not
		ss Entity: [See below for re	
signature(s).]			
Signature:	Sahafa	Title: _ <i>MANA GE</i>	
Printed Name: DAVI	SOBOTA	Title: <u>MANA GTE</u>	R
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	4 8
If Florida General Parts Signature of one General	nership or Limited Liabil Partner.	ity Partnership:	2019 JAN -9
If Florida I imited Parts	nership or Limited Liabili	ity Limitad Dartnarchine	T P T
Signatures of ALL Gener		ity Emilieu i arthership.	
If Florida Limited Liabi Signature of a Member or	ility Company: r Authorized Representativ	e.	95 55 55 55
All others: Signature of an authorized	d person.		
Certificate of Cor Fees for Florida A Certified Copy: Certificate of Sta	Articles of Incorporation:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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SECRETARY OF STATE TALLAHASSEE, PLORIDA

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:

FMDEV INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

150 BELLEVIEW BLVD #402 BELLEAIR, FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID SOBOTA
150 BELLEVIEW BLYD
#402
BELLEAIR, FL 33756

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

DAVID SOBOTA 150 BELLEVIEW BLVD #402 BELLEAIR, PL 33756

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SECRETAR (OF STATE FAIL AHASSES, FLORIDA

		FALLAHASSEE, FLORIDA
ARTICLE VII	INCORPORATOR	flam.
The <u>name and add</u>	Iress of the Incorporator is:	
DAVID SOE	BOTA	
150 BELLE	BOTA VIEW BLVD	
#407	IR 33756	
BEUEAIK *******	,	************
		of process for the above stated corporation at the place he appointment as registered agent and agree to act in this
capacity /		
May	Sopota	1/6/09
⁷ Şignatur	e/Registered Agent	Date
Maus.	Sabata	1/6/09
Signatur	e/Incorporator	, Date