

PO9000048753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

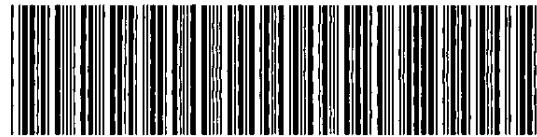
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Per call 6/5/09  
change "CEO" to  
"P" per Gail Dewitt  
up



500156499945

5/19

PO9-48753  
909000 104344

FILED  
09 MAY -19 AM 7:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JUN 4 2009

EXAMINER

[illegible]

DMR TRIKES, INC.

3601 HWY 41 NORTH

SUITE A

PALMETTO, FL 34221

941-981-3851

DMRTRIKES@GMAIL.COM

NANETTE,

ATTACHED ARE THE COPIES OF THE CONVERSION FOR DMR TRIKES FROM A "DBA" TO AN INDEPENDENT CORPORATION. AS PER OUR CONVERSATION, I AM ALSO SENDING A COPY OF THE CANCELLED CHECK (FRONT AND BACK). PLEASE UPDATE YOUR SYSTEM IMMEDIATELY AND/OR FAX US A LETTER STATING THAT THIS PAPERWORK AND CHECK WERE FILED AND THE PAPERWORK IS MISSING AT YOUR OFFICE. IS THERE ANY WAY THAT YOU COULD FAX OR EMAIL US AN OFFICAL CONFIRMATION COPY FROM THE FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS RATHER THAN SENDING IT SNAIL MAIL. I NEED TO HAVE THIS DONE BEFORE 10 A.M. FRIDAY JUNE 5<sup>TH</sup>, 2009, I HOPE YOU CAN WORK A MIRACLE.

THANKS FOR YOUR HELP,



GAIL DEWITT

PRESIDENT

DMR TRIKES, INC.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DMR TRIKES, INC.

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:

GAIL A. DEWITT

Contact Person

DMR TRIKES, INC.

Firm/Company

3601 HWY 41 NORTH SUITE A

Address

PALMETTO, FL 34221

City, State and Zip Code

dmrtrikes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail A. DeWitt

Name of Contact Person

at ( 941 )

Area Code and Daytime Telephone Number

981-3851

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

**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  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

FILED  
09 JUN -4 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

DMR Trikes

Enter Name of Other Business Entity

2. The "Other Business Entity" is a fictitious name 908322700034  
(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 FL  
(Enter state, or if a non-U.S. entity, the name of the country)

on November 17, 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 **attached Articles of Incorporation**:

DMR TRIKES, 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 16th day of May, 2009.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Gail Ann DeWitt

Printed Name: GAIL Ann DeWitt Title: CEO

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Gail Ann DeWitt

Printed Name: GAIL ANN DeWitt Title: CEO

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**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)

**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:

DMR Trikes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3601 Hwy. 41 N Suite A  
Palmetto, FL 34221

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

retail

**ARTICLE IV SHARES**

The number of shares of stock is:

100% (100)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

GAIL ANN DeWitt P  
518 36th St. W.  
Palmetto, FL 34221

**ARTICLE VI REGISTERED AGENT**

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

GAIL DeWitt  
518 36th St. W.  
Palmetto, FL 34221

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

GAIL DeWitt  
518 36th St. W.  
Palmetto

\*\*\*\*\*  
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

Gail Ann DeWitt  
Signature/Registered Agent

5-16-09  
Date

Gail Ann DeWitt  
Signature/Incorporator

5-16-09  
Date

FILED  
09 MAY - 19 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA