

P09000054168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

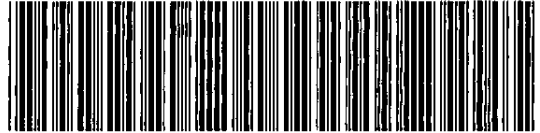
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/19/09--01034--021 \*\*113.75

FILED  
2009 JUN 19 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 23 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WRITEUP TRANSLATIONS, 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:

NICHOLAS D PAIN

Contact Person

WRITEUP TRANSLATIONS INC

Firm/Company

2724 OAK PARK COURT

Address

TALLAHASSEE FL 32308

City, State and Zip Code

Translations write up - translations.com

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

For further information concerning this matter, please call:

NICHOLAS D PAIN

Name of Contact Person

at ( 850 )

Area Code and Daytime Telephone Number

385-4305

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**  
2009 JUN 19 PM 1:05  
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:

WRITEUP TRANSLATIONS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(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 02/04/2008  
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:**

WRITEUP TRANSLATIONS INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 07/01/2009  
(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 16 day of JUNE, 20 09

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: J. D. PAIN

Printed Name: NICHOLAS D PAIN Title: PRESIDENT

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

Signature: J. D. PAIN  
Printed Name: NICHOLAS D PAIN Title: MGRM

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)

FILED  
2009 JUN 19 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

WRITEUP TRANSLATIONS INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2724 OAK PARK COURT  
TALLAHASSEE FL 32308

**ARTICLE III   PURPOSE**

The purpose for which the corporation is organized is:

TECHNICAL TRANSLATIONS

**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):

PRESIDENT: NICHOLAS D PAIN 2724 OAK PARK CT TALLAHASSEE FL 32308  
VICE-PRESIDENT: JENNIFER R LOYD-PAIN 2724 OAK PARK CT TALLAHASSEE 32308

**ARTICLE VI    REGISTERED AGENT**

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

NICHOLAS D PAIN  
2724 OAK PARK CT  
TALLAHASSEE FL 32308

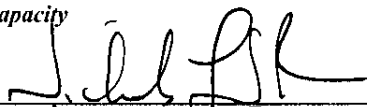
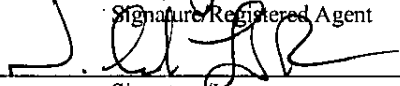
**ARTICLE VII   INCORPORATOR**

The name and address of the Incorporator is:

NICHOLAS D PAIN  
2724 OAK PARK CT  
TALLAHASSEE FL 32308

\*\*\*\*\*

*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

16 June 2009  
Date  
16 June 2009  
Date

FILED  
2009 JUN 19 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA