

PO 9000058490

(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



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06/22/09--01029--024 **122.50

SECRETARY OF STATE
TREASURY

09 JUL - 7 PM 12:56

FILED

S. HAWKES

JUL 9 - 2009

EXAMINER

S. HAWKES

EXAMINER

1009-27829



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2009

TIMOTHY K DOYLE
174 WATERCOLOR WAY 335
SANTA ROSA BEACH, FL 32459

SUBJECT: DFSM CORPORATION
Ref. Number: W09000029829

We have received your document for DFSM CORPORATION 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 must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 709A00021960

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DFSM CORPORATION

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:

TIMOTHY K DOYLE

Contact Person

DFSM CORPORATION

Firm/Company

174 WATERCOLOR WAY #335

Address

SANTA ROSA BEACH, FL 32459

City, State and Zip Code

✓ TIM@UNITEDAMERICANENTERPRISES.NET

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

For further information concerning this matter, please call:

TIM DOYLE

Name of Contact Person

at (850)

855-7302

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

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

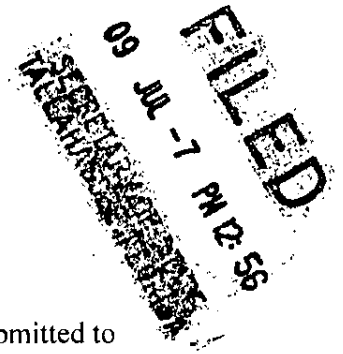
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation



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:

DFSM CORPORATION

Enter Name of Other Business Entity

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

on 07-28-1997
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:**

DFSM CORPORATION

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 19TH 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: _____

Printed Name: TIMOTHY K DOYLE Title: PRESIDENT

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

Signature: _____

Printed Name: TIMOTHY K DOYLE Title: PRESIDENT

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:

DFSM CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

MAILING ADDRESS: 174 WATERCOLOR WAY #335, SANTA ROSA BEACH, FL 32459

BUSINESS ADDRESS: 3925 W. CO HWY 30-A, SANTA ROSA BEACH, FL 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KALEN L. COWEN- PRESIDENT, 50% OWNER

TIMOTHY K. DOYLE- SECRETARY TREASURER, 50% OWNER

MICHAEL S. DONVITO- COO, CHIEF OPERATIONS OFFICER

ARTICLE VI REGISTERED AGENT

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

ATTN: MICHAEL DONVITO

MAILING ADDRESS: 174 WATERCOLOR WAY #335, SANTA ROSA BEACH, FL 32459

BUSINESS ADDRESS: 3925 W. CO HWY 30-A, SANTA ROSA BEACH, FL 32459

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAILING ADDRESS: 174 WATERCOLOR WAY #335, SANTA ROSA BEACH, FL 32459

BUSINESS ADDRESS: 3925 W. CO HWY 30-A, SANTA ROSA BEACH, FL 32459

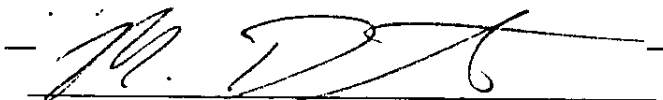
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

06-19-2009

Date



06-19-2009

Date

