## P10000062210

| · (Re                   | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ddress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #f)       |
| PICK-UP                 |                    | MAIL        |
| (Bı                     | usiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



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SECULIARY OF STATE SECULIARISE FLORIDA

T. CLINE

AUG - 2 2010

EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: .Robert Gill Inc.  |   |
| Name of Resulting   | Florida Profit Corporation  |
|   | cles of Incorporation. and fees are submitted to lorida Profit Corporation" in accordance with s.   |
| Please return all correspondence concerning   | this matter to:   |
| Robert Gill   |   |
| Contact Person  |   |
| Firm/Company  | <del></del>   |
| 838 Shed Street   |   |
| Address   | ASECRETARY  |
| Oviedo Florida 32765  |   |
| City, State and Zip Code  | E C P   |
| 67freebird@bellsouth.net  | OF STATE 120 PN 1: 12   |
| E-mail address: (to be used for future annual rep   | oort notification)  |
| For further information concerning this matter  | سعتا  |
| Robert Gill   | at ( 407 ) 579-9612   |
| Name of Contact Person  | Area Code and Daytime Telephone Number  |
| Enclosed is a check for the following amount  | t:  |
| S105.00 Filing Fees S113.75 Filing Fees and Certificate of Status   | S113.75 Filing Fees S122.50 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 <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" imm   | ediately prior to the filing of this Certificate   |
|--|--|
| of Conversion is:  | 11. 27716  |
| Robert Gil   | 1LLC (10-21064   |
| Enter Name of Othe   |  |
| 2. The "Other Business Entity" is a  | limited liability company  |
| (Enter entity type. Example: limited liabi   |  |
| general partnership, common law or   |  |
| Series in harmonistic comment and a  | - E  |
| first organized, formed or incorporated under the  | business trust, etc.)    Section   Plorida   P |
| (Enter state, or if a non-U.S. ent   | ity, the name of the country)  |
| on April16,20  | )10     මූ   |
| Enter date "Other Business Entity" was f   | irst organized, formed or incorporated 7 50  |
| •  | St organized, tormed of incorporated ON  |
| 3. If the jurisdiction of the "Other Business Entit the laws of which it is now organized, formed or | y" was changed, the state or country under a   |
| no chang   | e  |
|  |  |
| 4. The name of the Florida Profit Corporation as <b>Incorporation:</b>                               | set forth in the <u>attached Articles of</u>   |
| Robert Gill  | Inc.   |
| Enter Name of Florida  | Profit Corporation   |
|  |  |
|  |  |
| 5. If not effective on the date of filing, enter the e   |  |
| (The effective date: 1) cannot be prior to nor r   |  |
| document is filed by the Florida Department o  |  |
| effective date listed in the attached Articles of i  | ncorporation, if an effective date is listed   |
| therein.)  |  |

| Signe                   | d this                              | 26                 | _day of                                   | July   | /  | , 20 10                | ·               |              |
|-------------------------|-------------------------------------|--------------------|---|--|--|------------------------|-----------------|--------------|
| Requ                    | ired Sig                            | <u>nature</u>      | for Florida l                             | Profit Corpora   | tion:  |                        |                 |              |
| Signa<br>been<br>Printe | iture of C<br>selected,<br>ed Name: | Chairm<br>an Inc   | an. Vice Chair<br>corporator:<br>Robert G | man. Director.    Debts   Compared   Compare | Officer, or                                    | if Directors or Off    |                 |              |
|                         | ired Sign                           | <u>iature</u>      | (s) on behalf o                           | f Other Busine   | ss Entity:                                     | See below for requi    | red             | _            |
| Sign<br>been<br>Print   | ature of (<br>selected<br>ed Name   | Chairn<br>, an In  | nan, Vice Chai<br>corporator:<br>Robert C | rman. Director   | Officer. of                                    | r. if Directors or Of  | ficers have not |              |
| Printe                  | d Name:                             |                    |   |  | Title: _                                       |                        | •               |              |
|                         |                                     |                    |   |  |  |                        | 二河 黎            |              |
| Signa                   | ture:                               |                    |   |  | <u>-</u>                                       |                        |                 | METAGEN.     |
| Printe                  | ed Name:                            |                    |   |  | Title:   |                        | 30              | Marketon ca  |
| Signa<br>Printe         | ture:<br>d Name:_                   | <del> </del>       |   |  | Title:   |                        |                 | 2 mage 400 g |
| Signa                   | ture:                               |                    |   |  |  |                        | <u> </u>        |              |
| Printe                  | d Name:_                            |                    | · · · · · · · · · · · · · · · · · · ·     | ······································   | Title:   |                        | 3, 0            |              |
| Signa<br>If Flo         | ture of on<br>rida Lim              | ne Geno<br>nited P | eral Partner.                             | Limited Liabil<br>Limited Liabili  |  |                        | ·               |              |
| 7                       |                                     |                    | iability Comp<br>er or Authorize          | anv:<br>d Representative   | <del>2</del> .                                 |                        |                 |              |
| All ot<br>Signa         |                                     | autho              | rized person.                             |  |  |                        |                 |              |
| Fees:                   | Certific                            | r Flori<br>ed Cop  | y:  | Incorporation:   | \$35.00<br>\$70.00<br>\$ 8.75 (0<br>\$ 8.75 (0 | Optional)<br>Optional) |                 |              |

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

| in computance with Chapter 607 and/or Chapter 621,  | r.s. (11011t)                           |
|---|---|
| ARTICLE I NAME The name of the corporation shall be:  |   |
| Robert Gill Inc.  |   |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:   |   |
| 838 Shed Street Oviedo Florida 32765  |   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:   |   |
| Any and all legal   | ₹ ₩                                     |
| ARTICLE IV SHARES The number of shares of stock is:   | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 100   | SER                                     |
|   |   |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS   | ORI I                                   |
| List name(s), address(es) and specific title(s):  None  | DE 12                                   |
| 110110  |   |
|   |   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent  | nt is:                                  |
| Robert Gill 838 Shed Street Oviedo Florida 32765  |   |
|   |   |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Robert Gill   |   |
|   |   |
| ***********   | ***                                     |
| Having been named as registered agent to accept service of process for the above designated in this certificate, I am familiar with and accept the appointment as register capacity |   |
| DIAL WILL   | 07/26/2010                              |
| Signature Registered Agent  | Date                                    |

07/26/2010 Date