# P10000084611

(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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10 OCT 15 AM 10: 89

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

OCT 1 8 2010

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: And	odize In	C sulting Florida Profit Corp	poration
			and fees are submitted to convert an ordance with s. 607.1115, F.S.
Please return all corres	spondence concerning	this matter to:	
Karen Ro	Contact Person		
Scorpion	Performan Firm/Company	ee tre	
5417 Nu	). 44th Au Address	e_	
Ocala, Flo	y, State and Zip Code	82	
Karen @ Sacon E-mail address: (to be	used for future annual rep	ort mance.Co	
For further information	concerning this matte	er, please call:	
Karen Rod Name of Contact	G PYS StPerson	at ( <u>35)</u> 30 Area Code and Daytir	ne Telephone Number
Enclosed is a check for	the following amoun	t:	
		■\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporation Clifton Building	ns	MAILING A Registration S Division of Co P. O. Box 632	section orporations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

### **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" immediately prior to the filing of this Certificate of Conversion is:		
Onadize LLC Enter Name of Other Business Entity	100	DISIVIO
2. The "Other Business Entity" is a	10 OCT 15 AM JO: LO	N OF CORP
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)	<u> </u>	CORPORATIONS
on 8 01 2002.  Enter date "Other Business Entity" was first organized, formed or incorporated		<u>57.</u>
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the lawhich it is now organized, formed or incorporated:	iws o	f
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporat</u>	<u>tion:</u>	
Hnodize, Inc. Enter Name of Florida Profit 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 documer filed by the Florida Department of State; AND 2) must be the same as the effective date liste attached Articles of Incorporation, if an effective date is listed therein.)		the
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.	e	
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under wh	nich i	t is

currently organized, formed or incorporated.

Signed this 12th day of Dotoler	, 20 <u>/D</u>	
Required Signature for Florida Profit Corporal Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155,	nis document are true. Any false informa	ition constitutes
Signature of Chairman, Vice Chairman, Director, eselected, an Incorporator: Robert Star Printed Name: Robert Stopanio Title:	Officer, or, if Directors or Officers have	not been
Required Signature(s) on behalf of Other Busines stated in this document are true. Any false informa s.817.155, F.S. [See below for required signature(s).	tion constitutes a third degree felony as	
Signature: Robert Stepanio Printed Name: Robert Stopanio		
Printed Name: Bubert Stopanio	_Title: Mgmbr	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title.	
Timed Name.	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	DIVISIO
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		ISION OF BORPH
All others: Signature of an authorized person.		ORPORATION IN THE CONTROL OF STATE OR S

\$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation: \( \) \$70.00

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

The name of the corpor	AME ration shall be: Anochize In	<b>~</b> _	
3000 5	Principal office  Principal street address  SUP 490 PUR  AUDIENDE 3.3315	Mailing address, if d	
ARTICLE III PU The purpose for which	RPOSE  the corporation is organized is:		SEGNETARY OF BOH
The number of shares of	IARES of stock is:   IITIAL OFFICERS AND/OR DIRECTORS	5	AH 10: LO
	Director Robert Storanio	Name and Title:Address:	
Name and Title: Address: -		Address:	
Name and Title:_ Address: _ - -		Address:	
	GISTERED AGENT  Street address (P.O. Box NOT acceptable) of the Karen Bodgers  5417 1. W. 44 82	the registered agent is:	
ARTICLE VII INC The name and address Name: Address:		331 <i>5</i>	
this certificate, I am fai	s registered agent to accept service of process ; miliar with and accept the appointment as regis	for the above stated corporation at ti tered agent and agree to act in this co	he place designated in apacity
	Signature/Registered Agent	16-13-10 Date	
document to the Depart	t and affirm that the facts stated herein are tr tment of State constitutes a third degree felony Stopowio	we. I am aware that any false information $\frac{10-13-10}{200}$	nanon submitted in a
Required S	ignature/Incorporator	Date	