# P10000098060

	(Reque	stor's Name	<del>2</del> )	
	(Addres	SS)		
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	(City/St	ate/Zip/Pho	ne #)	13.
PICK-U	Р [	WAIT		MAIL
	(Busine	ess Entity N	ame)	
L07-112993				
	(Docum	nent Numbe	er)	
Certified Copies		Certificat	es of Status	5

Special Instructions to Filing Officer:

W1-54018

A. LUNT

DEC -3 2010

**EXAMINER** 

510400027059

Office Use Only



400187755734

12/06/10--01001--006 \*\*62.50

**4001877**55734 11/16/10--01046--012 \*\*60.00

2010 DEC -2 PH 4: 16
SECRETARY OF STATE
TALLEHASSEE FIRETER



November 17, 2010

MIKE SPOON 6202 BOBBY JONES CT. PALMETTO, FL 34221

SUBJECT: SPOONIN 1 CORP. Ref. Number: W10000054018

We have received your document for SPOONIN 1 CORP. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$62.50.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 510A00027059

# COVER LETTER

Division of C				
SUBJECT:	Spoonia Name of R	2 Conficulting Florida Profit Co	rporation	_
			n, and fees are submitte cordance with s. 607.1	
Please return all corr	respondence concernin	g this matter to:		
Mic	hale Spo	07		
M.Spoor	Firm/Company  Address  Address  City. State and Zip Code  be used for future annual r	zon Ned	ct	2010 DEC -2 PH 4: 16 SEGRETARY OF STATE TALLAHASSEE, FLORIDA
	ion concerning this ma Spoon itact Person		PG5 5/6/ time Telephone Number	<del></del>
Enclosed is a check	for the following amou	int:		
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 Filing Fees and Certified Copy	25122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	Registration	Corporations 327	

## 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:    The name of the "Other Business Entity"   The Conversion is:
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
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 <u>attached Articles of Incorporation:</u> Spoon in 1 Corp  Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: Nov 1, 2010  (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.)
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.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 20 day of Novemb	, 20 10			
Required Signature for Florida Profit Corporation Individual signing affirms that the facts stated in this a third degree felony as provided for in s.817.155, F	s document are true. Any false inform	ation co	onstitut	es
Signature of Chairman, Vice Chairman, Director Of selected, an Incorporator:  Printed Name: Mchae Spon Title:	fficer, or, if Directors or Officers have	e not be	en	
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informati s.817.155, F.S. [See below for required signature(s).]	Entity: Individual(s) signing affirm(s	) that th	e facts	in
Signature: Michael Spoon	Title: DARCZINA &	-		
Signature: Printed Name:		TALLIAH	2010 DEC	`
Signature: Printed Name:		ASSET OF	-2	
Signature: : : : : : : : : : : : : : : : : : :		7.4	PH 4: 16	
Signature:Printed Name:			<del>.</del> .	
Signature:Printed Name:	Title:	<b>.</b>		
If Florida General Partnership or Limited Liability Signature of one General Partner.	/ Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

### ARTICLES OF INCORPORATION

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

ARTICLE I N. The name of the corpo		Spoon in	1 (	corp	
ARTICLE II PI	RINCIPAL OFFICE Principal street add	bressiones cf Fh34221	-	Mailing address,	if different is:
ARTICLE III PUTTING THE PUTTING TO WITH ARTICLE III PUTTIN	h the cornoration is o		(Fed	(EX)	2010 DEC -2 SEGRETARY TALLAHASSE
	of stock is:	pby Jones	Name and Address:		PH 4: 16
Name and Title Address:			_ Name and	Title:	
Name and Title Address:			Name and Address:		
The name and Florid Name: Address:  ARTICLE VII II	Bill Bi Palme	Box NOT acceptable) of Aumer Ard New Monders  To Unders  is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cor 4áal next		
Having been named this certificate, I am J	as registered agent to familiar with and acce	accept service of proce. pt the appointment as re	<b>14221</b> ss for the abo	ve stated corporation and agree to act in a	n at the place designated in this capacity
I submit this docume	ent and affirm that th	<del>-</del>	e true. I am a ny as providea 7. I	ware that any false I for in s.817/155, F	information submitted in a S.
Required	Stature/Incorporat	or		Date	