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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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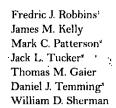
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SECRETARY OF STATE
TALLAHASSEE, FI OBJO.

D. BRUCE
MAR 9 2011
EXAMINER



ROBBINS, KELLY, PATTERSON & TUCKER

A Legal Professional Association



Barry A. Spaeth Michael A. Galassoss Richard T. Lauer* Richard O. Hamilton, Jr. * Mary M. Sherman* Jarrod M. Mohler Elizabeth S. DeHaan

Esther M. Norton

Stephen M. Sager Chad S. Leving.* Michael R. Yeazell Joseph C. Robbins Jacob G. Samad Joshua L. Vineyard

' Also Admitted in Florida

Also Admitted in Kentucky

^a Also Admitted in Indiana

* Certified by the Ohio State Bar Association as a Specialist in Estate Planning, Trust, and Probate Law

March 3, 2011

Florida Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

Re:

S. A. Wilson & Associates, Inc.

File No. C1291 A001

Enclosed is an original and one copy of a Certificate of Conversion and Articles of Incorporation for the above-referenced corporation, along with a check in the amount of \$105.00 for filing fees. Please file these documents and return the date-stamped copies to me in the enclosed postage-paid envelope.

Thank you for your cooperation. If you have any questions, please give me a call

Very truly yours,

Susan L. Year Susan L. Yeager

Paralegal

Enclosures

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:
S. A. Wilson & Associates, Inc.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a corporation
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Ohio
(Enter state, or if a non-U.S. entity, the name of the country)
on June 27, 2005
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:
Ohio And
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incoffic ation:
S. A. Wilson & Associates, Inc.
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; <u>AND</u> 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	on 11
Required Signature for Florida Profit Corporati	on: s document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, O selected, an Incorporator: Printed Name: Steven A. Wilson Title:	fficer, or, if Directors or Officers have not been
stated in this document are true. Any false informatis.817.155, F.S. [See below for required signature(s).]	Entity: Individual(s) signing affirm(s) that the facts ion constitutes a third degree felony as provided for in
Signature: Steven A. Wilson	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 Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	<u> Limited Partnership:</u>

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)

	PRINCIPAL OFFICE	ilson & Associa	,
ARTICLETI	Principal street address	Mailing addre	ess, if different is:
1750 S. C	Ocean Lane #107	g addit	
	dale, FL 33316	_	
	,		
ARTICLE III 1			
The purpose for wh	nich the corporation is organized is:		
The purpose or purposes for v	which Corporation is organized is the transaction of any and all law	ful business for which corporations may be incorporated under Chapt	ter 607 and/or Chapter 621 of the Flonda Statules
ARTICLE IV	<u>SHARES</u>		
The number of shar	es of stock is: 1,500		
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS	
		Name and Title:	
Address:		A J.J.,	
	Ft. Lauderdale, FL 33316		
			
Name and Tit	ile:	Name and Title:	
Address:			
Address.			
	·		
Name and Tit	tle:	Name and Title:	
Address:		Address:	
			- City
		Steven A. Wilson	
ARTICLE VI	REGISTERED AGENT		MAR AHZ
	rida street address (P.O. Box NOT acc	entable) of the registered agent is:	5 5 2
Name:	Steven A. Wilson	optable) of the regimered agent is:	-8 SS
Address:	1750 S. Ocean Lane #107		ği≺ w
	Ft. Lauderdale, FL 33316		
	INCORPORATOR		
	ress of the Incorporator is:		8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Name:	Steven A. Wilson		D
Address:	1750 S. Ocean Lane #107		
	Ft. Lauderdale, FL 33316		
Havina kaan nama	nd as registered agent to accept service	of process for the above stated corporate	ion at the place designated in
		ent as registered agent and agree to act i	
	f a (-	ent as registered agent and agree to act i	m mis cupacity
\rightarrow	red Signature/Registered Agent	11.21.	
	14.000-		_
Requi	red Signature/Registered Agent	' Date'	
l cuhmit thic doors	ment and affirm that the facts stated b	erein are true. I am aware that any fals	se information submitted in a
anoma ma uvilli	mon una appara mai ine jacio statea li manturantent Stata assertitutas a third da	gree felony as provided for in s.817.155,	F.S.
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