P11000056923

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) L1 - 68 773 (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: WN-24549
A. LUNT
JUN 20 2010
EXAMINER

Office Use Only



200204034972

04/28/11--01037--028 **113.75

FILED

SECRETARY OF STATE

2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2011

WILLIAM A. CARDONA 11327 ISLE OF WATERBRIDGE APT 208 ORLANDO, FL 32837

SUBJECT: AC.SAP LLC Ref. Number: W11000024549

We have received your document for AC.SAP LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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: 711A00010693

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: AC.SA	P LLC				
	<u></u>	Name of R	esulting Florida	Profit Cor	poration	-
					, and fees are submitted cordance with s. 607.111	
Please	e return all corr	espondence concerning	g this matter t	o:		
WILL	IAM A. CARI	OONA				
		Contact Person				
AC.S	SAP LLC					
		Firm/Company				SECI
1132	7 ISLE OF WA	ATERBRIDGE APT 2	08			CHETARY OF STATE
		Address				SEE SYC
ORL	ANDO, FL 32	2837				OF STATE
	C	City, State and Zip Code				ATE RIO.
ALE.	X.CARDONA -mail address: (to	A.SAP@GMAIL.CO be used for future annual r	OM eport notificatio	n)		3
For fu	ırther informati	ion concerning this ma	tter, please ca	ill:		
WILL	IAM A. CARDO	ONA	at (407) 432	2-6157	
	Name of Cor	ntact Person		e and Dayti	ime Telephone Number	_
Enclo	sed is a check	for the following amou	int:			
5 10	05.00 Filing Fees	☑\$113.75 Filing Fees and Certificate of Status	■\$113,75 Fi and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRES				ADDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporations			
Clifto	n Building		P. C). Box 63	27	
2661	Executive Cent	ter Circle	Tall	ahassee,	FL 32314	

Tallahassee, FL 32301

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. 600 %. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

AC.SAP LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a AC.SAP LLC
(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 06/29/2010
(Enter state, or if a non-U.S. entity, the name of the country)
on FLORIDA
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:
FLORIDA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
AC SAP INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 04/25/2011 (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 25 day of APRIL	, 20_11	
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, it	is document are true. Any false informa	ation constitutes
Signature of Chairman, Vice Chairman, Director, C selected, an Incorporator: V. ———————————————————————————————————	Officer, or, if Directors or Officers have PRESIDENT	not been
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).]	Entity: Individual(s) signing affirm(s) ion constitutes a third degree felony as	that the facts
Signature:	Title: PRESIDENT	11 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Signature:Printed Name:	Title:	ECRETA
Signature:Printed Name:		SS W
Signature: Printed Name:		
Signature:Printed Name:		
Signature: Printed Name:	Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	<u>ry Partnership:</u>	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	William A. Cardon	ua→ President
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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME		
The name of the cor	rporation shall be: AC SAP.	INC	
	PRINCIPAL OFFICE		
AKIICLE II	Principal street address	Mailing address,	if different is:
WILLIAM	A. CARDONA	11327 ISLE OF WATERBRIDG	
		ORLANDO, FL 32837	72.72.72.00
ARTICLE III 1			
The purpose for wh	nich the corporation is organized is:		
Λ N I Λ	AND ALL LA	$\Lambda \setminus \Lambda / \square \mid \Pi \mid \square \mid \Pi \mid \Omega \mid \Omega$	SINIECO
HIN I	AND ALL LA	AVVEUL DUS	SIINE SS
ARTICLE IV	<u>SHARES</u>		
The number of share	es of stock is: 100 @ \$1.00 E	ACH	
	INITIAL OFFICERS AND/OR DIRE		
		Name and Title:	- 20
Address:		Address:	
	ORLANDO, FL 32837		
			2
Name and Tit	le: WILLIAM A. CARDONA (PRESIDENT)	Name and Title:	SS SS
Address:	11327 ISLE OF WATERBRIDGE APT 208	Address:	
	ORLANDO, FL 32837		
			RA W
	ile:		
Address:		Address:	
		WILLIAM A CARDONA	
		WILLIAM A CANDON	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name:	WILLIAM A. CARDONA		
Address:	11327 ISLE OF WATERBRIDGE APT 208		
	ORLANDO, FL 32837		
	INCORPORATOR		
	ress of the Incorporator is:		
	WILLIAM A CARDONA		
Address:	11327 ISLE OF WATERBRIDGE APT 208		
	ORLANDO, FL 32837		
Havino haan nama	ed as registered agent to accept service of	nrocass for the above stated cornoration	at the place designated in
	n familiar with and accept the appointmen		
	Symmetric visit and accept the appointment	as regarded agest aria agree to act in the	cup accep
x	1 ~ A (A)	04/25/2011	
Panui	and Signature /B anial And A and		
, Kequii	red Signature/Registered Agent	Date	
I submit this docu	ment and affirm that the facts stated her	ein are true. I am aware that any false i	nformation submitted in a
	epartment of State constitutes a third degra		
	z	gg wageormangor at mototion to	•
4 - V	1/2/D	04/25/2011	
Require	ed Signature/Incorporator	Date	
21294111	C		