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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·	
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PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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BECRETARY OF STATE

T. HAMPTON

NOV & 8 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of C			
cunt	ECT: Old Sal	•		
SORI	ECT: Old Sal		esulting Florida Profit Co	rporation
				n, and fees are submitted to convert an cordance with s. 607.1115, F.S.
Please	return all corre	espondence concerning	g this matter to:	·
Rona	d Evers			
		Contact Person		
Old S	Salt Supply			
		Firm/Company		
20359	E Pennsylva	nia Ave Ste E		
<u>Dunn</u>	ellon, FL 344	32 ity, State and Zip Code	·····	
ron@	oldsaltsuppl	y.com be used for future annual re	eport notification)	
For fu	rther information	on concerning this mat	ter, please call:	
Ronal	ld Evers		_at (352) 446	6-3342
	Name of Con	tact Person		ime Telephone Number
Enclos	sed is a check for	or the following amou	nt:	
5 10:	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	☑\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Regist Division	ET ADDRESS ration Section on of Corporatin Building	-	MAILING A Registration Division of O P. O. Box 63	Section Corporations

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 Certif Conversion is:		
Old Salt Supply LLC	SEI	7011
Enter Name of Other Business Entity	HAH.	- S
2. The "Other Business Entity" is a Limited Liability Company (Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of Florida	ASSEE, FLORIDA	2011 NOV 23 AM 11: 58
(Enter state, or if a non-U.S. entity, the name of the country)		
on November 17, 2011		
Enter date "Other Business Entity" was first organized, formed or incorpor	ated	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un which it is now organized, formed or incorporated:	der the la	ws of
Did not change	•	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of In	– corporat	tion:
Old Salt Supply 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 filed by the Florida Department of State; AND 2) must be the same as the effective 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 enti conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effect conversion.		e

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 22nd	day of November		20 11		
_	-				
	<u>re for Florida Profit Cor</u> j				
Individual signing	affirms that the facts stated	l in this document	are true. Any false i	information constitute	25
a third degree felon	y as provided for in \$.817.	155, F.S.			
Signature of Chairr	man, Vice Chairman, Direc	ctor, Officer, or, it	f Directors or Officer	rs have not been	
selected, an Incorp-	orator:	, , ,			
Printed Name: Ron	ald Evers	Γitle: President			
Doguired Signatur	/ <u>e(s) on behalf of Other Bu</u>	sinces Entity: Ind	ividual(s) signing af	firm(s) that the facts	
	nent are true. Any false inf				
	e below for required signatu		tes a tillid degree fer	iony as provided for i	11
Signature:	11				
Printed Name: Ronal	d Evers	Title: Presi	ident		
Signatura	/				
Signature:		FT31.1	*		
Printed Name:		Itle:			
Signature:					
Printed Name:		Title:			
Signature:					
Printed Name:		Title:			
C:					
Signature:					
Printed Name:		litle:			
Signature:					
Printed Name:		Title:			
If Florida General	Partnership or Limited Li	iahility Partnersh	in·		
Signature of one Ge		admity 1 arthersh	<u>15.</u>		
	_				
	<u>Partnership or Limited Li</u>	ability Limited P	<u>artnership:</u>	1 N	
Signatures of ALL (General Partners.			FIL 2011 NOV 23 SECRETARY FALLAHASSI	
If Florida Limited	Liability Company:			2 6	
Signature of a Memi	ber or Authorized Represent	lative		A]
organical or a million	oer or realitionzed Represent	tuti vo.		Y 23 AH W 23 AH WARY OF WASSEE, F	
All others:	,			ro → π	7
Signature of an auth	orized person.)
				AHII: 58 OF STATE E. FLORID	
Fees:		49.7. 00		<u>5</u>	
Certificate of	of Conversion:	\$35.00		*	

\$70.00

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

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

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

ARTICLE I	NAME		
he name of the co	rporation shall be: Old Salt	Supply Inc	
	PRINCIPAL OFFICE		
	Principal street address	Mailing addre	ss, if different is:
20359 E	Pennsylvania Ave Ste E		· · · · · · · · · · · · · · · · · · ·
Dunnelton,	FL 34432		
		-	
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
Λ		~ · · · · · · · · · · · · · · · · · · ·	
Anv	and All L	awilli Bu	siness
, ,,,,	and the	Lawiai Da	
ARTICLE IV	SHARES		
he number of shar			
	1000		
	INITIAL OFFICERS AND/OR DIR		
	tle: Ronald Evers - President	Name and Title:	
Address:	11150 N. Williams St No 8 Dunnellon, FL 34432	Address:	
	Durmenon, FL 34432		
			
Name and Ti	tle:	Name and Title:	
Address:		Address:	· · · · · · · · · · · · · · · · · · ·
			<u> </u>
Mame and Ti	tle:	Name and Title	
Address:		Address:	
Addiess.		Address.	70 70
			NOV FAHA
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acce Rope \d Evers	ptable) of the registered agent is:	23 ASS
Name: Address:	11150 N Williams St No 8		LL1
Address.	Dunnellon, FL 34432		
			AMII: OF STA
	INCORPORATOR		: 5 R2≧: 5
	<u>ress</u> of the Incorporator is:		<u>6</u> m €
Name:	Ronald Evers		~
Address:	11150 N Williams St No 8		
	Dunnellon, FL 34432	* IBN 1804	
Address.	Dunnellon, FL 34432		
	ed as registered agent to accept service of		
his certificate, I an	n familiar with and accept the appointme	ent as registered agent and agree to act in	this capacity
		4.400.000	
		11/22/2011	
Requi	red Signature/Registered Agent	Date	•
	and the second second second		- tC
	ment and affirm that the facts stated he		
ocument to the pe	epartment of State constitutes a third deg	ree jewny us provided for in 8.61 /.155, F	•
0/1	1	11/22/2011	
Panula	ad Signatura/Ingornarator		
, K 6/1111Fr	FOLNIO DE LI LE PROPERTO DE LA CONTROL D	URIE	