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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)			
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (Deck-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Toy Gave  Correct #5	(Requestor's Name)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Joy Gave  Correct #5  Oale: 1/4/12	(Address)		
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations			
SUBJECT: CHYTRAUS CROP NORPORATED  Name of Resulting Florida Profit Corporation			
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.			
Please return all correspondence concerning this matter to:			
Lory CHYTRAUS Contact Person			
CHYTRAUS CROP Firm/Company			
2652 Oakstove Avenue Address			
Scint Augustine, Fl 32092  City, State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (904) 940 2922  Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$105.00 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy and Certificate of Status			
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314			

Tallahassee, FL 32301

## **Certificate of Conversion**

For

"Other Business Entity"

Into

**Florida Profit Corporation** 

FILED

11 DEC 30 PM 3:01

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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:
Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a  (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
on 10/25/2007
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> CHYTEANS (ROP) NORPORATED.  Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 12 130 2001.  (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

Page 1 of 2

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

conversion.

currently organized, formed or incorporated.

Signed this 27th day of December	<del>ser,</del> 20\\
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the athird degree felony as provided for in s.817.155, I	is document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, Coselected, an Incorporator:	Officer, or, if Directors or Officers have not been  Utau  Utau  Officers have 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) that the facts ion constitutes a third degree felony as provided for in
Signature: Sorth Chytras	Title: RACCONICE STORTHER
Signature: Joy Chy Frous	• • • • • • • • • • • • • • • • • • • •
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	_Title:
If Florida General Partnership or Limited Liabilit	v Partnership:
Signature of one General Partner. Joycup Nouv	
If Florida Limited Partnership of Limited Liabilit	v Limited Partnership:
Signatures of ALL General Partners JULY VOL	" Lebyt
If Florida Limited Liability Company:	1
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 \$8.75 (Optional)
Certified Copy: Certificate of Status:	\$8.75 (Optional)

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

FILED

ARTICLE I N. The name of the corpo	AME pration shall be: CHYTRAUS (	TOUP (NCOPPORTITE DOEC 30 PM 3:0
ARTICLE II PI	RINCIPAL OFFICE  Principal street address  Oakgrove Avenue  gustine, FL 32092	SECRETARY OF STATE Mailing address, TAUTAHABSEE, FLORIDI
	TRPOSE  h the corporation is organized is:  Estate Management	
ARTICLE IV Si	of stock is: \O\O	
Name and Title	TITIAL OFFICERS AND/OR DIRECTOR  Loy Chy trous - Chairman  2652 Odderove Avenu  St. Augustine, Pl 32092	Name and Title: Address:
Name and Title: Address:	John Chytraus. Prosid 7652 Dakarove Avenue St. Augustine, FL 32092	Name and Title: Address:
Name and Title: Address:		Name and Title: Address:
	a street address (P.O. Box NOT acceptable) of the Source of the Source of the St. Augustive, FL 3209	f the registered agent is:
	St. Augustive, FL 3209	<u>.</u>
this certificate, I am fo	as registered agent to accept service of process amiliar with and accept the appointment as reg  White the service of process amiliar with and accept the appointment as reg  Signature/Registered Agent	s for the above stated corporation at the place designated in istered agent and agree to act in this capacity
I submit this docume document to the Depa	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felon	true. I am aware that any false information submitted in a y as provided for in s.817.155, F.S.
Required	Signature/Incorporator	12/27/11 Date