P1200002632

(Requestor's Name)					
(Address)					
(A	ddress)				
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name))			
· (D	ocument Number)				
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
•					

Office Use Only



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SECRETARY OF STATE

J. BRYAN

JAN 1 0 2012

EXAMINER

COVER LETTER

TO: Registration Section

Division of C	•	•	-	
SUBJECT:		ACCOUNTIN Resulting Florida Profit Cor		ons Inc
		rticles of Incorporation ofit Corporation" in acc		
Please return all corr	espondence concernir	ng this matter to:		
Debbie	Cottine	HAM		
	Contact Person			
SAS				D. Ja
	Firm/Company			是是多
351 Do	orchester	Diz		PH 3: 36
	Address			5 5 S
Venice	L FL	34293		RIPA
	City, State and Zip Code	·		
2245a E-mail address: (to	s @ gmai	l. COM		
For further informati	on concerning this ma	atter inlease call:		
_			. ~~~	
Deport Con	408HAN	_at (941) 2		_
Name of Con	tact Person	Area Code and Dayti	me Telephone Number	
Enclosed is a check t	for the following amou	ınt:		
\$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	(5) \$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING A Registration S Division of C P. O. Box 633 Tallahassee, I	Section Corporations 27	

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. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Sunivast Accounting Solutions LLC #L060010873
Enter Name of Other Business Entity
2. The "Other Business Entity" is a 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 FL (Enter state, or if a non-U.S. entity, the name of the country)
on Enter date "Other Business Entity" was first organized, formed or incorporated
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:
$n \mid q$
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Suncoast Accounting Solutions 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; 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 thisday of	<u>, 20 1 2</u> .				
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, I	is document are true. Any false information constitutes				
Signature of Chairman, Vice Chairman, Director, Coselected, an Incorporator: Printed Name: Debosah Corting ham Title:	() 11/				
stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).]					
Signature: Jehoran Cott nyhan					
Printed Name: Dehorah Cottnyhan	Title: Dies				
Signature:Printed Name:	_Title:				
Signature:					
Signature: Printed Name:	Title:				
Signature:	Fog ve				
Signature:Printed Name:	Title:				
	y				
Signature: Printed Name:	Title:				
Signature:	Title				
Printed Name: Title: If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y 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 NA	AME oration shall be:	Suncoast	Accounting	Solutions Inc.
ARTICLE II PI	RINCIPAL OF	FICE		
	Principal stree		M	failing address, if different is:
	Jorcheste	34293		
ARTICLE III PU				
The purpose for which	h the corporation	is organized is:		
A	ny and	d all law	ful busin	css.
ARTICLE IV SE	HARES of stock is: C	00		
ARTICLE V IN	ITIAL OFFICE	RS AND/OR DIRECT	ORS - cosider	+ 500 50 51
Name and Title: Address:	Venice	CRS AND/OR DIRECT CD++1 ng hg ! hester Dr. FL -9.3	Name and Title: Address:	
Name and Title: Address:				
				<u> </u>
	Depure 351 D	GENT P.O. Box NOT acceptable COTTINS DICKESTER	iam Dr	t is:
			~ 3 >	
ARTICLE VII IN The name and address Name: Address:		toris: ah Cotting Dorcheste?	ham Dr -53	
			registered agent and ag	ed corporation at the place designated in gree to act in this capacity
Required	Signature/Registe	ered Agent	Date	12_
I submit this documen	it and affirm tha	t the facts stated herein t	ire true. I am aware th	nat any false information submitted in a
uocumeni ju ine Depar	runem of state co	nstitutes a third degree fe 	_	
Required	Signature/Incorpu	ator	Date	12