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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(2.2		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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12 MAY - T AM 9: 59
SECRETARY OF STATE
TALL ALLEGEE FLORING

C. LEWIS

MAY - 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	erte		
•	OG RESORT INC		
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 co	oncerning this matter to:		
Gayle Gosn	VELL		
Contact Perso	a ·		
The Oog Res	OVET TIK		
rim/Compan	,		
12140 Metro Pkw. Address	1 Unit F		
Ft Myers FL City, State and Zip	33966 Code		
E-mail address: (to be used for future	a v 9 mail. Com e annual report notification)		
For further information concerning	this matter, please call:		
Gayle Gosvell	at (239) 768-9800 Area Code and Daytime Telephone Number		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a check for the following	ng amount:		
\$105.00 Filing Fees \$113.75 Filing and Certificate Status			
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327		
2661 Evecutive Center Circle	Tollahassaa El 3731A		

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

12 MAY -7 AM 9: 59

FILED

Florida Profit Corporation

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:
The Oog Resort LLC L070000.5537 Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FLovida (Enter state, or if a non-U.S. entity, the name of the country)
on <u>5-24-2007</u>
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>
The OOG RESORT 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 this / St day of May	, 20] ユ	
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,	ion: is document are true. Any false inforn	nation constitutes
Signature of Chairman, Vice Chairman, Director, Coselected, an Incorporator: Scient Gosper Title:	Officer, or, if Directors or Officers hav	e not been
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informations s.817.155, F.S. [See below for required signature(s).	tion constitutes a third degree felony a	
Signature: Gayle Gosner Printed Name: AGRYLE Gosner	Title: P, VP, T. S.	- -
Signature:Printed Name:	Title:	- -
Signature:Printed Name:	Title:	FILED MID: 00 12 MAY - 7 MID: 00 12 MAY - 7 MID: 00
Signature:Printed Name:	_ Title:	SSECTION OF THE PERSON OF THE
Signature:Printed Name:	Title:	O: 00
Signature: Printed Name:	Title:	<u>.</u>
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:	
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.		
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) 2 MAY -7 ARTICLE I NAME The name of the corporation shall be: The Dog Resort INC.			
ARTICLE I NAME The name of the corporation shall be: The Dog (RESORT INC. SEON AM 10: 00 [ALLAMASSEE, FLORIDA Mailing address, if different is:		
ARTICLE II PRINCIPAL OFFICE Principal street address 12140 metro Pkwy Unit F Ft myers FL 33966	Mailing address, if different is: RIDA		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	o provide professional Services		
Sor dog owners including do	ay care, boarding, grooming + retail.		
ARTICLE IV SHARES The number of shares of stock is: 200	·		
ARTICLE V INITIAL OFFICERS AND/OR DIS	ECTORS		
	Name and Title: Address:		
Name and Title:Address:			
Name and Title:	Name and Title: Address:		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce			
Name: GAYLE GOSNELI Address: 2355 Gornam Ave Et myers Fl 3390			
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
Name: GAYLE GOSNELL Address: #355 Gotham Ave Ftmyers FL 339	07 ·		
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment	of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity		
On 100 Cha. 200	5-1-17		
Required Signature/Registered Agent			
I submit this document and affirm that the facts stated he	crein are true. I am aware that any false information submitted in a		
document to the Department of State constitutes a third deg			
James Signature/Incorporator			
// scequirea Signature/incorporator	Date		