P12000043503

(Requesto	or's Name)
(Address))
(Address))
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only

EFFECTIVE DATE 05/08/12



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FILED

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SECRETARY OF STATE
ALL AHASSEE F.

D. BRUCE

MAY 0 9 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat						
SUBJECT: Twenty		eleven.	Inc.			
JOBOLO I.	Name of R	esulting Florid	a Profit Corp	oration		
The enclosed Certificate of C "Other Business Entity" into	a "Florida Pro	fit Corporati	on" in acco	and fees are submitte ordance with s. 607.1	ed to cor 115, F.S	nvert an S.
Please return all corresponde	ence concerning	g this matter	to:			
PAtricia Mang	Irum					
Conta	ct Person					
Twenty - nine elec	ven , Inc.					
Firm/	Company				·	
2109 Whaley 1	Aue		<u>_</u>		SECR	. 12 H H 21
A	ddress				EIA	
Pensacola, Fl City, State	32803		.		RETARY OF STATE AHASSEE, FLORIDA	THAT -8 PH E: IG
City, State	and Zip Code				0 1 1 1	We C
twenty nine eleven E-mail address: (to be used to	Q cox.n	e t			ATE RIDA	60
E-mail address: (to be used to	for future annual re	eport notification	on)			
For further information cond	cerning this mat	ter, please c	all:			
Patricia Mangru	, m	_at (850		18-2265		
Name of Contact Pers	on	Area Coo	le and Daytin	ne Telephone Number		
Enclosed is a check for the f	ollowing amou	nt:				
	3.75 Filing Fees ertificate of	■\$113.75 F and Certified	~	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le	Reg Div P. G	gistration S vision of Co D. Box 632 lahassee, F	ection orporations 7		

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 Certificate of Conversion is:
Twenty-nine eleven LLC
Twenty - nine eleven LLC Enter Name of Other Business Entity
2. The "Other Business Entity" is a limited liability company L10 00000437 (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 Flor JA (Enter state, or if a non-U.S. entity, the name of the country)
on 01-12-2010
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>
Twenty - nine eleven Inc. Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 5-7-2012 (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.

Page 1 of 2

Signed this 3'cl day of MAH	, 20 <u>12</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: Title:	Officer, or, if Directors or Officers have not been				
stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).]					
Signature: Patrice Mangrum Printed Name: Patrica Mangrum					
Printed Name: Patrica Mangrum	Title:member				
Signature:					
Signature:Printed Name:	Title:				
Signature:Printed Name:					
Printed Name:	_ Title:				
Signature:Printed Name:					
Printed Name:	_ Title:				
Signature:Printed Name:					
Printed Name:					
Signature:					
Printed Name:					
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
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)

ARTICLE I NAME The name of the corporation	shall be: Twenty - nine elev	en, Inc.	
ARTICLE II PRINC	IPAL OFFICE ncipal street address	Mailing ac	Idress, if different is:
2109 Wha Pensacola.	FL 31503		
The purpose for which the c			
A	ny and all legal purp	a) < >	
ARTICLE IV SHARE The number of shares of stoo			
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTOR	es	
Name and Title: PA			
Address: 21	09 Whaley Auc	Address:	
pe.	ASACOLA, PC 32503		
	free -		
Name and Title: SA	ra Edwardi	Name and Title:	
Address:	120 BAYON BIVD		
	SA(OLA, FL 32503		
	ine		
		N. 1	
		Name and Title:	<u> </u>
Address:			- FR N
			1 ,
ARTICLE VI REGIS	TEDED ACENT		AS
	et address (P.O. Box NOT acceptable) o	f the registered agent is:	SES CO
	atricia mangra	tile registered agent is.	me -
	09 Whaley Ave	-	四年 圣 四
	(A)A (O A, FL 32503	_	ES F
-1. 3	(X)X(U X, 1C U-3U Z	_	RA ∴
ARTICLE VII INCOR	PORATOR		₽m 🍇
The name and address of th			_
Name: Po	etricia Uhaley		
	109 Whaley Ave	=	
	154 (0 1A, FL 32503	_	
		-	
Having been named as regi	istered agent to accept service of proces	s for the above stated corpo	ration at the place designated in
this certificate, I am familia	r with and accept the appointment as reg	istered agent and agree to a	ct in this capacity
O.	200		
Jainea.	/angun	5-3-/2	
Required Signa	Mangue ature/Registered Agent	Date	
		2	
I submit this document and	l affirm that the facts stated herein are	true. I am aware that any	false information submitted in a
	t of State constitutes a third degree felon		
		5-31/2	
latin m	Care	5-7116	
Required Signal	fureUncorporator	Date	