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



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12 JUN 20 AM IO: 20
SECNLI ARY OF STATE
TAIL ATTASSEF, ELORIDA

COVER LETTER

TO:	Registration	Section				
	Division of	Corporations				
SUBJ	ECT: PITS	TOP PUB INC				
		Name of	Resulting Flor	ida Profit Co	proporation	
				-	n, and fees are submitted to conv coordance with s. 607.1115, F.S.	ert an
Please	return all cor	respondence concernia	ng this matte	er to:		
WIN:	STON WE	ILHEIMER	····	····-		
		Contact Person				
IN F	IOME TA	X SERVICE IN	C			
		Firm/Company				
206	S SPRING	GARDEN AVE				
		Address				
DEL	AND FL 32					
	(City, State and Zip Code				
INHO	OMETAXS	SERVICE@MSN be used for future annual	I.COM report notificat	ion)		
For fu	ther informat	ion concerning this ma	tter, please	call:		
WINS	STON WEIL	HEIMER	at (386	١ 73	6 8752	
	Name of Cor	ntact Person		 /	ime Telephone Number	
Enclos	ed is a check	for the following amou	int:			
1 \$105	.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	☐\$113.751 and Certifie		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:				ADDRESS:		
Registration Section Division of Corporations			Registration Section Division of Corporations			
Clifton Building			P. O. Box 6327			
2661 Executive Center Circle			Tallahassee, FL 32314			

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

12 JUN 20 AM 10: 20

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:
PITSTOP PUBLIC L12-42139
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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on 3/26/12
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 attached Articles of Incorporation: PITSTOP PUB 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.

Page 1 of 2

Signed this 8TH day of JUNE								
Required Signature for Florida Profit Corporation: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.								
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: CLEVELAND ROBIN Title: PRESIDENT								
Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]								
Signature: Paul FRSui								
Signature: LOCAL FRALE Printed Namer CLEVELAND ROBIN Signature: LAS Lallac	Title: MGR							
Signature: Wishalkal								
Printed Name: KRISTAL ROBIN	Title: MGR							
Signature:Printed Name:								
Printed Name:	Title:							
Signature: Printed Name:								
Printed Name:	Title:							
Signature: Printed Name:								
Printed Name:	Title:							
Signature:								
Printed Name:	Title:							
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.								
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.								
If Florida Limited Liability Company: 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							
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)							
	` I ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							

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

ARTICLE I The name of the corp	VAME PITSTO	PUB	INC
	PRINCIPAL OFFICE	·	
	Principal street address		Mailing address, if different is:
5195 E S	ILVER SPRINGS BLVD		
SILVER SP	PRINGS FL 34488		
		•	
ARTICLE III P			
The purpose for which	ch the corporation is organized is:		
ANY PU	RPOSE LEGAL IN	THE STA	ATE OF FLORIDA
ARTICLE IV S	<u>HARES</u>	•	
The number of shares	s of stock is: 100		
	NITIAL OFFICERS AND/OR DIRECT		
	CLEVELAND ROBIN, PRESIDENT/		: KRISTAL ROBIN, VP 5885 NE 65RD STREET
Address:	5685 NE 63RD STREET SILVER SPRINGS FL 34488	Address.	SILVER SPRINGS FL 34488
	SILVER SPRINGS PL 34400		OLIVE TO THE OLIVE THE OLIVE TO THE OLIVE TON THE OLIVE TO THE OLIVE TO THE OLIVE TO THE OLIVE TO THE OLIVE T
Name and Title	*	Name and Title	
Address:	^	Address:	
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		•	£ 5
Name and Title	:		
Address:		Address:	
			
ARTICLE VI RI	EGISTERED AGENT		S. e
	la street address (P.O. Box NOT acceptable)	of the registered age	nt is:
Name:	CLEVELAND ROBIN		DE O
Address:	5885 NE 63RD STREET		-
	SILVER SPRINGS FL 34488		
ADMINI DI TOTA	MARRAR 4 FOR		
ARTICLE VII IN	s of the Incorporator is:		
Name:	SE OF THE THEOPPORTEOF IS: CLEVELAND ROBIN		
Address:	5885 NE 63RD STREET		
Autucss.	SILVER SPRINGS FL 34488		
	5.1.2.7.6.7.2.07.6.0		
Having been named a	is registered agent to accept service of proce	ess for the above stat	ed cornoration at the place designated in
his certificate, I am fa	uniliar with and accept the appointment as r	egistered agent and a	gree to act in this capacity
00 /	O_{1}	U	g
& ovant	ad Filia	6/09/2012	
Required	Signature/Registered Agent	Date	
	,		
submit this documen	at and affirm that the facts stated herein ar	e true. I am aware t	hat any false information submitted in a
ofument to the Depar	rtment of State constitutes a third degree feld	ony as provided for in	2.817.155, F.S.
11 000 1	2 0		
ALWIN	V N a	06/09/20	D12
Required	ignature incorporator	Date	