## P12000104198

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



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12 DEC 26 AM II: 20
SECRETARY OF STATE
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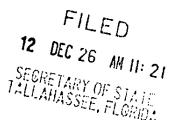
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## **COVER LETTER**

Division of	on Section  f Corporations				
SUBJECT: Prim	e ATM Inc				
	Name of I	Resulting Florida	Profit Cor	rporation	
			-	, and fees are submitted to cordance with s. 607.1115	
Please return all c	orrespondence concernin	g this matter t	:o:		
Julie Woodman			,		
	Contact Person				
Prime Atm Inc	;				
	Firm/Company		<del></del>		
2662 Riverview	Or				
	Address		<del></del>		
Naples, FL 341	12				
	City, State and Zip Code				
julieLwoodmar	@gmail.com (to be used for future annual)	eport notificatio	<u>n)                                    </u>		
	ation concerning this ma	•			
Julie Woodman		at ( 239_	) 289	9-7047	
Name of	Contact Person	Area Code	and Dayt	ime Telephone Number	
Enclosed is a chec	ck for the following amou	int:			
<b>☑</b> \$105,00 Filing Fe	es \$113.75 Filing Fees and Certificate of Status	□\$113.75 Fill and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
		ILING A	ADDRESS: Section		
Division of Corpo	Division of Corporations				
Clifton Building 2661 Executive C	antor Cirola		). Box 63	327 FL 32314	
ZOOT EXCUITIVE C	CHIEL CHUIC	1 211	arrassec.	1:LL JAJ17	

Tallahassee, FL 32301

## 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:					
Prime Atm LLC L09000115473					
Enter Name of Other Business Entity					
2. The "Other Business Entity" is a limited liability company (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 12-04-2009  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>					
Prime Atm Inc					
Enter Name of Florida Profit Corporation					
5. If not effective on the date of filing, enter the effective date: 1-1-13  (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 19 day of December	22 12		
Signed this 1/ day of 1900 Classic	, 20_1		
Required Signature for Florida Profit Corporat Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155,	is document are true. Any false inform	nation constitutes	
Signature of Chairman, Vice Chairman, Director, Coselected, an Incorporator:  Printed Name: Julie L. Woodne Title:	President / Sec	e not been	
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  Printed Name: Title L. Woodman Title: Manage			
Printed Name: Jalie L. Woodman	Title: Manage	<b>-</b> -	
	· ·		
Signature: Printed Name:	Title:	<u>-</u>	
Signature:		_	
Signature: Printed Name:	Title:	<del>-</del>	
Signature:Printed Name:		_	
Printed Name:	Title:	<del>-</del>	
Signature:Printed Name:		_	
Printed Name:	Title:		
Signature: Printed Name:		<b>5</b>	
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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

1-1-13

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

ARTICLE I NAME Prime ATM Inc.				
ARTICL	EI NAME Drimo ATM I	00 DEC 26 AM 11: 21		
The name	of the corporation shall be: Prime ATM I	SECRETARY OF STATE		
	E II PRINCIPAL OFFICE pal place of business/mailing address is:	SECRETARY OF STATE TALLAHASSEE, FLORID):		
	Principal street address	Mailing address, if different is:		
2662	Riverview Dr			
Naple	s, FL 34112			
	E III PURPOSE use for which the corporation is organized is:			
	y and all lawful purposes			
		•		
<u>ARTICLI</u>	1 11 1 144 1 / 2			
Name and	,	Name and Title: JUIR L WOWMAN / JEC		
Address:	2662 Riverview Dr	Name and Title: Julie L Woodman / Sec Address: 2662 Riverview Dr		
	Naples, FL 34112	Ngpies F1 34112		
Name and	Title:	Name and Title:		
Address:		Address:		
Name and	Title:	Name and Title:		
Address:		Address:		
<u>ARTICLI</u>				
The <u>name</u>	and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:		
Name:	Julie L Woodman			
Address:	2662 Riverview Dr			
	Naples, Fl 34112			

ARTICLE The name a	VII INCORPORATOR  nd address of the Incorporator is:				
Name:	Julie L Woodman	FILED			
Address:	2662 Riverview Dr Naples, FL 34112	12 DEC 26 AM 11: 21			
		SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
******	*******************				
		service of process for the above stated corporation at the place accept the appointment as registered agent and agree to act in this $                                     $			
Required Signature/Registered Agent Date					
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
	L. L. Word	12-19-12			
7	Required Signature/Incorporator	Date			

Effective Date 1-1-13