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(Re	equestor's Name)		
(Address)			
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
AND AHASSEF, FLORIDA

T 02/14/13

COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT. Bullpin Virtual Services Co.

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 concerning this matter to:

Christine Jeanette Elizabeth Howard

Contact Person

Bullpin Virtual Services Co.

Firm/Company

711 Illinois Avenue

Address

Saint Cloud, Florida 34769

City, State and Zip Code

bullpin05@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Howard

, 40*1*

891-6283

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

□\$113.75 Filing Fees and Certificate of Status

□\$113.75 Filing Fees and Certified Copy

\$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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.

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: Bullpin Virtual Services L.L.C. L12 - 5664

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 January 11, 2012N

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/A 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Bullpin Virtual Services Co. 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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed

therein.)

Signed this 6th day of February	, 20 <u>13</u> .
Required Signature for Florida Profit Corporati	ion:
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: Christine Howard Title:	Howard
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required
Signature: <u>Christine Howard</u> Printed Name: Christine Howard	Title: President of Company
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
Frinted Name:	_ 1 luc.
Signature:Printed Name:	· · · · · · · · · · · · · · · · · · ·
Printed Name:	_Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y <u>Limited Partnership:</u> ≥≤
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	AHE AHASS
All others: Signature of an authorized person.	PM 12: 09 SEE, FLORID
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)

The name	E I NAME of the corporation shall be: Bullpin Virtua	l Services Co.		
ARTICLI				
Principal street address Buttpin Virtual Services Co. 711 Illinois Avenue		Mailing address, if different is:		
		Carrio de Greet adultos	 	
Saint	Cloud, Fl 34769			
	E III PURPOSE use for which the corporation is organized is: mer Services via Phone and	Internet		
Cusio	THE Services via Phone and	memer		
<u> </u>			——————————————————————————————————————	
			11 P	
ARTICLE The number	er of shares of stock is:		PM 12: 09 OF STATE E. FLORID	
ARTICLE	E V INITIAL OFFICERS AND/OR DIF	RECTORS	, E 30	
Name and	Title: Christine Howard / President	Name and Title:		
Address:	711 Illinois Avenue	Address:		
	Saint Cloud , Fl 34769			
Name and	Title:	Name and Title:		
Address:		Address:		
Name and	Title:	Name and Title:		
Address:		Address:		
ARTICLI				
The <u>name</u>	and Florida street address (P.O. Box NOT acce Christine Howard	eptable) of the registered agent is:		
Name:				
Address:	711 Illinois Avenue			
	Saint Cloud,Fl 34769			

ARTICLE The name a	VII INCORPORATOR Ind address of the Incorporator is:	
Name:	Christine Howard	
Address:	711 Illinois Avenue	
	Saint Cloud, FI 34769	
		service of process for the above stated corporation at the place accept the appointment as registered agent and agree to act in this 02/06/2013
	Required Signature/Registered Agent	Date
		stated herein are true. I am aware that any false information constitutes a third degree felony as provided for in s.817.155, F.S.
Chas	Tui Howard	02/06/2013
Required Signature/Incorporator		Date

13 FEB I PH 12: 09

3ECHELARY OF STATE
ANASSEE, FLORIDA