913000032325

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	∌ #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	<u>-</u> !
		•

Office Use Only



500246374025

04/08/13--01010--005 **122.50

13 APR -8 AN 7: 29
SECRE NAVY SECRETARY
SECRETARY SECRETARY
SECRETARY
SECRETARY SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRETARY
SECRET

100

4/9



COVER LETTER

TO: Charter Section Division of Corporations

SUBJECT: JW0	D Land Mana	gement In	C ,	
***************************************	Name of Resultir	ng Florida Profit Cor	poratio	n
	The state of the s	•		and fees are submitted to tion" in accordance with
Please return all corr	espondence concernin	g this matter to:		
Jason West				
	Contact Person		-	
JWO Land N	/lanagement	Inc		
	Firm/Company		-	
96 CR 532C				
	Address		_	
Bushnell FL	33513			
C	ity, State and Zip Code		-	
	DRS@AOL.C		-	
·	be used for future annual r	•		
	on concerning this ma	tter, please call:		4 0040
Jason West		_ _{at (} 352	.)	1-6943
Name of Con	tact Person	Area Code an	d Daytii	me Telephone Number
Enclosed is a check f	for the following amou	int:		
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop		\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Charter Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	Charter Divisio P. O. B	r Section of Cox 632	Corporations

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 Certificat of Conversion is:	:e
JWO Land Management LLC LIVY 19105	
Enter Name of Other Business Entity	_,
2. The "Other Business Entity" is a Single Member 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 10/18/2011	
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:	3 APR
Incorporation:	-0 F
JWO Land Management Inc	∴ <u>(</u>
Enter Name of Florida Profit Corporation	29
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 liste therein.)	e d

Signed this 27th day of March	, 20 <u>13</u> .		
Required Signature for Florida Profit Corporat	ion:		
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: Jason West Title:	Officer, or, if Directors or Officers have	not	
Required Signature(s) on behalf of Other Business signature(s).]			
Printed Name: Vasor Work	Title: Owner		
Signature:Printed Name:	_ Title:	, -	
Signature:Printed Name:	Title:	- -	
Signature:Printed Name:	Title:	-	
Signature:Printed Name:	_ Title:		
Signature:Printed Name:	_ Title:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	್ಣ ಪ	- * 1
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	APR -	A STATE OF THE STA
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	の 円 円 円 円	٠٠	
All others: Signature of an authorized person.	OKIDA	7: 29	
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 of the corporation shall be: JWO Land M	anagement Inc	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
96 CR 532C		
Bushnell FL 33513		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Converting from a single member L	LC to add another shareholder	
ARTICLE IV SHARES The number of shares of stock is: 1,000		-
	PROTORS	
Name and Title: Jason West, Owner	Name and Title:	
96 CR 532C	Address:	
Bushnell FL 33513		
Name and Title: Jordan West, Manager	Name and Title:	APR T
Address: 22247 Cessna Lane	Address:	- 0 0 [
Howie in the Hills FL 34737	मा ^{ना} : -	M 7
Name and Title:	Name and Title:	29
Address:	Address:	_
Add data supply to the con-		_
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name: Jason West	·	
Address: 96 CR532C		
Bushnell FL 33513		

The <u>name</u>	and address of the Incorporator is:	
Name:	Jason West	
- Address:	96 CR 532C	
	Bushnell FL 33513	
designated		******** f process for the above stated corporation at the place
capacity	in this certificate, I am jamutar with and accept the	e appointment as registered agent and agree to act in this
сирасну	in this certificate, I am jamanar with and accept the	
	Ryquired Signature/Registered Agent	2/- 4- 2013 Date
I submit	Required Signature/Registered Agent this document and affirm that the facts stated he	4-4-2013
I submit	Required Signature/Registered Agent this document and affirm that the facts stated he	4- 4- 2013 Date rein are true. I am aware that any false information

13 APR -8 AM 7: 29
SECRETARY OF STATE
TABLAHASSEE FLORIDA