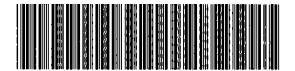
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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special instructions to	Filing Officer:	

Office Use Only



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Jan 3, 2013

COVER LETTER

Charter Section TO:

Division of Corporations

SUBJECT: Blue Sky Solutions of Tampa Bay Inc.

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:

Jaime Garcia	3			
	Contact Person			
FLG P.A.				
Firm/Company				
3105 West A	zeele Street			
	Address			
Tampa, Flori	da 33609			
C	ity, State and Zip Code	· · · · · · · · · · · · · · · ·		
jgarcia@flgla	awgroup.com			
E-mail address: (to	be used for future annual re	eport notification)		
For further information	on concerning this mat	ter, please call:	•	
Jaime Garcia	а	at (813	870	0-1222
Name of Con	tact Person		Daytir	ne Telephone Number
Enclosed is a check for	or the following amou	nt:		
□ \$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 ADDRESS	<u>S:</u>			DDRESS:
Charter Section Division of Corporati	one	Charter		on orporations
Division of Corporati	OHO	D141210	11 O1 C	οιροιαποπο

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314



RECEIVED

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FLORIDA DEPARTMENT OF STATE DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE. FLORIDA

April 25, 2013

JAIME GARCIA 3105 WEST AZEELE STREET TAMPA, FL 33609

SUBJECT: BLUE SKY SOLUTIONS OF TAMPA BAY INC.

Ref. Number: W13000024383

We have received your document for BLUE SKY SOLUTIONS OF TAMPA BAY INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 913A00010045

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:

Blue Sky Solutions of Tampa Bay LLC 2/2 - 585/6 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 (Enter state, or if a non-U.S. entity, the name of the country)

on July 30, 2012

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:

Florida

4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation:

Blue Sky Solutions of Tampa Bay 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.)

Signed this 15 day of April	, 20_13
Required Signature for Florida Profit Corporati	on:
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: Printed Name: Konrad W. Buchanan Title:	fficer, or, if Directors or Officers have not
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required
Signature:	
Printed Name: Konrad Buchanan	Title: Manager
Signature:	
Printed Name:	Title:
Signature	
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Timod Nume.	50
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner. If Florida Limited Partnership or Limited Liabilit	
Signatures of <u>ALL</u> General Partners.	y Emmed 1 at mersup.
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)

The name of the corporation shall be: Blue Sky Solutions of Tampa Bay Inc.				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
Principal street address	Mailing address, if different is: P.O Box 702			
Riverview, Florida 33569	Riverview, Florida 33569			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:				
I want this corporation to be a pare	nt to hold other subsidiaries. Also,			
want the option to distribute stock.				
	<u> </u>			
ADTICLE IV SUADES	AHY HAY			
ARTICLE IV SHARES The number of shares of stock is: 100	W 29			
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS			
Name and Title: Konrad Buchanan (Pres)	Name and Title:			
Address: 12620 Adventure Drive	- N			
Riverview, FI 33569	Address:			
Name and Title:	Name and Title:			
Address:	Address:			
Name and Title:	Name and Title:			
Address:	Address:			
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:			
Name: Konrad W. Buchanan				
Address: 12620 Adventure Drive				
Riverview Florida 33569				

ARTICLE The name:	TINCORPORATOR and address of the Incorporator is:				
Name:	Jaime Garcia				
Address:	3105 W. Azeele Street				
	Tampa, Florida 33609				
******	*****************				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this					
capacity	$\overline{}$	1			
		04/15/13			
	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.			
_		4/15/13			
	Required Signature/Incorporator	Date			

FILED

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SCORE PLANS OF STATE