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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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2813 SEP 16 PM 2:

CRETARY OF STATE



COVER LETTER

TO: Charter Section Division of Corporations

	SUBJECT: KNUPP A Name of Resultin	SSOC/ATES g Florida Profit Corporation	1
	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:		
	JAMIE KNU Contact Person	ρρ	
	J VNUPP ASSOC	1Ates	
	4524 W. Cubreal	K Are	
	TAMPA, FL 3360 City, State and Zip Code	9	
	E-mail address: (to be used for future annual re	COM eport notification)	
	For further information concerning this mat	ter, please call:	
	JAMIE KNUPP	at (847) 73	30-3999
	Name of Contact Person	Area Code and Daytin	ne Telephone Number
	Enclosed is a check for the following amount:		
XX -10"	\$105.00 Filing Fees S113.75 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:	MAILING A	DDRESS:
	Charter Section	Charter Section	
	Division of Corporations Clifton Building	Division of Co P. O. Box 632	-
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, F	L 32314
1- K	IS PER INSTRUCTIONS FROM UCLUPED THE BALANCE OF 3.	m your depar	ETMENT, I HAVE
51 870	ICLUDED THE BALANCE OF S.	P US ALKERIO U	J PROVINCE N CACK. 101



August 26, 2013

JAMIE KNUPP 4524 W. CULBREATH AVE TAMPA, FL 33609

SUBJECT: JKNUPP ASSOCIATES LLC

Ref. Number: W13000047278

We have received your document for JKNUPP ASSOCIATES LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 913A00020221

www.sunbiz.org

No. 1 and Control of the Population of the Popul

. Certificate of Conversion For

"Other Business Entity"

Into

Florida Profit Corporation



2018 SEP 16 PM 2: 05

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:
TKNUP ASSOCIATES LLC -L12000095336 Enter Name of Other Business Entity
•
2. The "Other Business Entity" is a
(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 $O7/23/20/2$
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: Enter Name of Florida Profit Corporation
Enter Name of Florida Front 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 16 day of AUGUST	, 20 <u>/ 3</u> SECRE F	ILED
	Required Signature for Florida Profit Corporat	DIVISION OF	ILEU RY OF STAIL CORPORATION
K	Signature of Chairman, Vice Chairman, Director, Cheen selected, an Incorporator: Printed Name: Ames North Title:	Officer, or, if Directors or Officers ha	6 PM 2: 05
	Required Signature(s) on behalf of Other Business	Entity: [See below for required	
	signature(s).]		
	Printed Name: JAMES KNUFF	Title: / haixman	_
	Fillied Ivalie.	Title. MANAGE	_
	Signature:		
	Printed Name:	Title:	- -
	Signature:		_
	Printed Name:	Title:	
	Signature:		
	Printed Name:	Title:	
	Signature:		<u></u>
	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 Limited Partnership:	
	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)	

Page 2 of 2

ARTICLES OF INCORPORATION

SECRETARY OF STAIL
DIVISION OF CORPURATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2013 SEP 16 PM 2: 05 NAME KNUPP ASSOCIATES The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: N. Culbreath **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: ANY OR ALL LAWFUL PURPOSES ARTICLE IV SHARES The number of shares of stock is: 1*0*00 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS (A) PM AName and Title: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

LEGALLI A BOST

Janes F/- 33609

ARTICL The name Name: Address:	INCORPORATOR And address of the Incorporator is: JAMES KNUPP 4824 W. CUBPESTAME. TAMPA, FL 33609	DIVISION OF CORPORATION 2013 SEP 16 PM 2: 05
	een named as registered agent to accept service of process j t in this certificate, I am familiar with and accept the appointm	
	Required Signature/Registered Agent this document and affirm that the facts stated herein are to the adocument to the Department of State constitutes a third de Required Signature/Incorporator	