

PI3000082202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

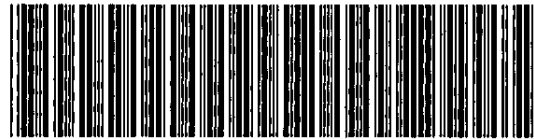
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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POOLE & POOLE, P.A.

Attorneys at Law
SUITE 200, ALLAN BUILDING
303 CENTRE STREET
FERNANDINA BEACH, FLORIDA 32034

H. PRICE POOLE, JR.
PAIGE P. POECHMANN
HARRISON W. POOLE

PLEASE REPLY TO:
303 CENTRE STREET, SUITE 200
FERNANDINA BEACH, FL 32035
TELEPHONE: 904.261.0742
FACSIMILE: 904.261.0745

October 1, 2013

Charter Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Certificate of Conversion

Dear Sir or Madam:

Enclosed with this cover letter, please find the following:

Cover Letter
Certificate of Conversion
Articles of Incorporation
Firm Check in the Amount of \$122.50
Postage-Paid, Return Envelope

Please file the documents and return the certified copy and certificate of status to my office in the provided envelope. Should you have any questions regarding any of the foregoing or require any further information, please do not hesitate to contact me at (904) 261-0742. I thank you in advance for your attention in this matter.

Yours Sincerely,



Harrison W. Poole, Esq.

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Pentaz, 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:

Harrison W. Poole

Contact Person

Poole & Poole, P.A.

Firm/Company

303 Centre Street, Ste 200

Address

Fernandina Beach, FL 32034

City, State and Zip Code

harrisonpoole@gmail.com

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

For further information concerning this matter, please call:

Harrison Poole

Name of Contact Person

at (904) 261-0742

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

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Pentaz, LLC

L070000D35764

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 **April 4, 2007**

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:**

Pentaz, 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 26th day of SEPTEMBER, 20 13.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Todd B. Zona Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Todd B. Zona Title: Manager/Member

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 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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Pentaz, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different

2420 Los Robles Drive

Fernandina Beach, FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Todd B. Zona, President

Name and Title: _____

Address: 2420 Los Robles Drive

Address: _____

Fernandina Beach, FL 32034

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 acceptable) of the registered agent is:

Name: Harrison W. Poole

Address: 303 Centre Street, Ste 200

Fernandina Beach, FL 32034

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

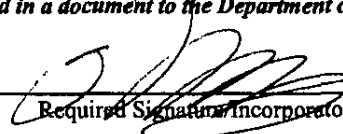
Name: Todd B. Zona
Address: 2420 Los Robles Drive
Fernandina Beach, FL 32034

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


Required Signature/Registered Agent

10/1/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10-01-2013
Date