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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO:	Charter Section Division of Co				
SUBJ	ECT: Desir	red Results A	ccounting,		
conve 607.11	rt an "Other Bu 115, F.S.	eate of Conversion, A ssiness Entity" into a	rticles of Incorpor "Florida Profit Co	ration, a	and fees are submitted to on" in accordance with s
		espondence concernir	ig this matter to:		
		Contact Person			
Des	sired Res	ults Accounti	ng	_	
		Firm/Company		-	
PO	BOX 145	531			
		Address		-	
Nor	th Palm l	Beach, FL 33	408	_	
	C	ity, State and Zip Code			
ede	fee@des	siredra.com			
E.	-mail address: (to	be used for future annual	report notification)	•	
For fu	rther information	on concerning this ma	tter, please call:		
Eliz	abeth De	fee Dowdy	_{at (} 561	,310)-5317
	Name of Con	tact Person	Area Code and	d Daytim	e Telephone Number
Enclos	sed is a check for	or the following amou	unt:		
□ \$ 10:	5,00 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:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2013

ELIZABETH DEFEE DOWDY DESIRED RESULTS ACCOUNTING POST OFFICE BOX 14531 NORTH PALM BEACH, FL

SUBJECT: DESIRED RESULTS ACCOUNTING, INC.

Ref. Number: W13000066084

We have received your document for DESIRED RESULTS ACCOUNTING, 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 effective date of the conversion 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 listed in the Florida Articles of Organization, if any.

Please complete Box #3.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 613A00027901

RECEIVED

14 JAN -6 AM 10: 57
SECRETARY OF STATE
ALL ARTSSEE, FLORIDA

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:
Maxody Enterprises, LLC LOS-8395 Enter Name of Other Business Entity EIN 26-259959
Enter Name of Other Business Entity E/N 26-259959
2. The "Other Business Entity" is a LLC (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 LLS, entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on January 24, 2008
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 <u>attached Articles of Incorporation:</u>
Desired Results Accounting, 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; <u>AND</u> 2) must be the same as the effective data listed in the attached Articles of Incorporation, if an effective data is listed

therein.)

Signed thi	s 2nd day of December	<u>,</u> , 20 13
Required	Signature for Florida Profit Corporat	ion:
Signature been selec Printed Na	of Chairman, Vice Chairman, Director, Coted, an Incorporator: State	Officer, pr, if Directors or Officers have not Difference of President
Required signature(s	Signature(s) on behalf of Other Busines: (5).]	s Entity: [See below for required
Signature: Printed Na	Juzabeth Defu Dowl	Title: President
Signature: Printed Na	me:	
Signature: Printed Na	me:	
Signature: Printed Na	me:	_ Title:
Signature: Printed Na	me:	Title:
Signature: Printed Na	me:	Title:
	General Partnership or Limited Liability of one General Partner.	v Partnership:
	Limited Partnership or Limited Liabilit of ALL General Partners.	y Limited Partnership:
	Limited Liability Company: of a Member or Authorized Representative	
All others: Signature of	<u>:</u> of an authorized person.	
Fee Ce	rtificate of Conversion: es for Florida Articles of Incorporation: rtified Copy: rtificate 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)

ARTICLE I NAME The name of the corporation shall be: Desired Resu	ilts Accounting, Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
721 US Hwy One, Suite 206	PO BOX 14531
North Palm Beach, FL 33408	North Palm Beach, FL 33408
ARTICLE III PURPOSE The purpose for which the corporation is organized is: to provide general bookkeeping and a activity for which corporations may	
ARTICLE IV SHARES The number of shares of stock is:	-,
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: Elizabeth Defee Dowdy, President	Name and Title:
721 US Hwy One, Suite 206	Address:
North Palm Beach, FL 33408	
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	intable) of the registered agent is:
Elizabeth Defee Dowdy	puistes of the registered agent is.
Address: 721 US Hwy One, Suite 206	
100,000	

North Palm Beach, FL 33408

Name:	Elizabeth Defee Dowdy	
Address:	721 US Hwy One, Suite 206	
	North Palm Beach, FL 33408	
_	**************************************	
\mathcal{U}	isebut Drdu Druda	12/2/2013
	Required Signature Registered Agent	Date
	his document and affirm that the facts stated herein in a document to the Department of State constitutes a i	
91	isabut Delu Doude	12/2/2013
	Required Signature/Incorporator	Date

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: