## P14000011279

(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





300255625933

01/21/14--01027--028 \*\*122.50

14 JAN 21 PH 1: 57

क् अधि।

SECRETARY OF STATE OF

## 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:		
Chemuise LLC		
Enter Name of Other Business Entity L100000716436		
2. The "Other Business Entity" is a Limited Liability Company, limited partnership, general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of Flocida  (Enter state, or if a non-U.S. entity, the name of the country)  on 7/20/20/0  Enter date "Other Business Entity" was first organized, formed or incorporated		
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> Chemuise 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 th day of January	, 20 14
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director Obeen selected, an Incorporator:  Printed Name: Pile:	Figer, 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: Pule Parker	Title: Managing Member
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	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:	\$35.00

Page 2 of 2

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation:

Certified Copy: Certificate of Status: 14 JAN 21 PH 1: 57



## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 14 JAN 21 PM 1: 57

The name of the corporation shall be: Nemwise INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
Principal street address  361 27 NO ST NE 209 HOLMS AVE E  Naples FC 34120   MMOKalee FC 34142
ARTICLE HI PURPOSE The purpose for which the corporation is organized is: To engage in any lawful business.
ARTICLE IV SHARES
The number of shares of stock is:   OO
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: <u>Hyle Parker (Presidential</u> ne and Title:
Address: 361 ZZND ST NE Address:  Naples Fl 34120
Name and Title: Laing Posey (VP) Name and Title:
Address: 3642 Ancient Caks Address:
Gulf Shores, AL 36542
Name and Title: Alexandria Sheckler (secretary)
Address: 361 ZZND ST NE Address:
Naples FC 34120
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Kyle Parker
Address: 3 209 Adams Aue E
Immorales () 34147

ARTICLE	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	Hyle Porker		
Address:	209 Adoms Aue E		
	ImmoKalee ft 3414Z		
	een named as registered agent to accept service of pro l in this certificate, I am familiar with and accept the app		
	1066	1/15/14	
	Required Signature/Registered Agent	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 \$.817.155, F.S.			
	2000	1/15/14	
	Required Signature/Incorporator	Date	