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| Certified Copies | Certificate | s of Status |
| Special Instructions to F | | ,,,,, |
| AUTHORIZATION BY P | HORETO Norte A | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2014

KATHY 1300 W 53RD STREET #11 HIALEAH, FL 33012

SUBJECT: JET STREAM MOVING & STORAGE INC.

Ref. Number: W14000016388

We have received your document for JET STREAM MOVING & STORAGE 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 Incorporation, if any.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 714A00005537

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www.sunbiz.org

Division of Comparations DO ROY 6227 Tallahagaaa Florida 2221

COVER LETTER

TO: Charter Section

Division of Corporations

| SUBJECT: Jet Stream Hoving 3 Storage 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: |
| Kathy. Contact Person |
| Transportation Permit-Svc |
| 1300 W 53Rd St. # 11 |
| Hialeah FL 33012 City, State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (786) 253-8654 Area Code and Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$105.00 Filing Fees and Certificate of Status \$\int \frac{1}{2}\\$113.75 Filing Fees and Certified Copy and Certificate of Status \$\int \frac{1}{2}\\$113.75 Filing Fees and 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

CONTROL OF THE STATE OF THE STA

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: ream Woving 3 Storage
Enter Name of Other Business Entity (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 _____ Flourist (Enter state, or if a non-U.S. entity, the name of the country) 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 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 Ath day of February | 20_14 |
|--|---|
| Required Signature for Florida Profit Corporati | ion: |
| Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Tower Printed Name: Tower AFik Title: | OFIN Comple 5% |
| Required Signature(s) on behalf of Other Business signature(s).] | Entity: [See below for required |
| Signature: Signature: Afrik Printed Name: Tower Of I'K | Title: Prasident |
| Signature: Printed Name: District Name: Na | Title: Vice-Prasidont |
| 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 ALL 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: | \$35.00 |
| Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$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: | am Ucring & Storage INC. | |
|--|------------------------------------|--------|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | | 1 |
| 9524 N. Trask St | Mailing address, if different is: | T. CTI |
| Tampa FL 33624 | Same. | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Hoving Household 90 | oods and Storage. | -3r |
| | | |
| ARTICLE IV SHARES The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRI | <u>ECTORS</u> | |
| Name and Title: Tomer Of K-Pr | Name and Title: | |
| | Address: | |
| Tampa FL 33624 | | |
| Name and Title: ORIH OFIK-VP | | |
| Address: 9524 N. Trask St. | | |
| Jampa FL 33/024 | • | |
| Name and Title: | Name and Title: | |
| Address: | Address: | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept Name: Address: 9524 N. Task St | table) of the registered agent is: | |
| Tomos FL 336024 | | |

| A |
|--|
| ARTICLE VII INCORPORATOR |
| The name and address of the Incorporator is: |
| Name: Tomer acik |
| Address: 9524 N. TraskSt |
| Tampa FL 33684 |
| All the second of the second o |
| *************************************** |
| 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 |
| Meguired Signature/Registered Agent 2 24 14 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. |
| Janah 2/24/14 |
| Required Signature/Incorporator Date |