# P14000060219

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
|                         |                   |             |
| (Address)               |                   |             |
|                         |                   |             |
| (Cit                    | y/State/Zip/Phone | · #)        |
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|                         |                   |             |
| (Bu                     | siness Entity Nam | ne)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
|                         |                   |             |
| Certified Copies        | _ Certificates    | of Status   |
|                         | -                 |             |
| <u> </u>                |                   | <del></del> |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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SECRETARY OF STATE

FILED

1/4

#### **COVER LETTER**

s.

TO: Charter Section

Division of Corporations

| SUBJECT: Eliza Bil Enterprises, 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 \$607.1115, F.S.  |
| Please return all correspondence concerning this matter to:  |
| William & Loth Contact Person  |
| CUC. Keeth & Gosoc. Tro.   |
| (72) Staysall Drive  |
| 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 (8(3) 653-1968  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}{3} \frac{113.75}{113.75} \text{ Filing Fees} and Certified Copy and Certificate of Status}  \$\int \frac{1}{3} \frac{113.75}{113.75} \text{ Filing Fees} and Certified Copy and Certificate of Status} |
| STREET ADDRESS: New Filings Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314                    |



### **Certificate of Conversion**

For

"Other Business Entity"

Into

#### Florida Profit Corporation



SECRETAFN' OF STATE TAI LAHASSEE, FLORIDA

14 JUL 15 PM 1:57

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:   |
|--|
| Elizabill Enterprises // - L1400010925;<br>Enter Name of Other Business Entity   |
| Enter Name of Other Business Entity  |
| 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 (Enter state, or if a non-U.S. entity, the name of the country)                                    |
| on July 10. 2014   |
| on   |
| 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:  |
| Elizabil Enterprises, Inc. Enter Name of Florida Profit Corporation  |
| 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  |

|  | APPHOVEL  |
|--|---|
|  | AND.  |
| th : ~ 1   | LILELI  |
| Signed this 17th day of 10 ily   | , 20 / / 4, 1, 1, 1, 1, 1, 2                        |
| <i>&gt;</i>  | 14 JUL 15 PH 1:57                                   |
| Deguined Cignotone for Florida Duofit Cornerati                                | on.   |
| Signature of Chairman, Vice Chairman, Director, C                              | TALL ALMANY OF STATE                                |
| Signature of Chairman, Vice Chairman, Director, C                              | Officer, or, if Directors or Officers have not PIDA |
| been selected, an Incorporator: William  | E. Keith  |
| been selected, an Incorporator: Welsom  Printed Name: William C. Ke. Ha Title: | Incorporation                                       |
|  | ,   |
| Required Signature(s) on behalf of Other Business                              | Entity: [See below for required                     |
| signature(s).]   |   |
| 11/11 0/14   |   |
| Signature: William & Kitta Printed Name: William C. Keith                      |   |
| Printed Name: William C. Korth   | Title: <u>Ancorpora You</u>                         |
|  |   |
| Signature:Printed Name:  |   |
| Printed Name:  |   |
|  |   |
| Signature:   |   |
| Printed Name:  | Title:  |
|  |   |
| Signature:Printed Name:  | 77.1  |
| Printed Name:  | _ little:   |
| 0.   |   |
| Signature:Printed Name:  | Tide  |
| Printed Name:  | _ Title:  |
| C'anatuma.   |   |
| Signature:Printed Name:  | Title   |
| Printed Name:  | _ 11116.  |
| If Florida General Partnership or Limited Liabilit                             | v Partnershin:                                      |
| Signature of one General Partner.  | y Larthership.                                      |
| Signature of one General Latther.  |   |
| If Florida Limited Partnership or Limited Liabilit                             | v Limited Partnershin:                              |
| Signatures of ALL General Partners.  | <u>, 123</u>  |
| 5.6  |   |
| 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)                                   |
|  |   |



## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 5 PM | 1:57

| ARTICLE I NAME   | SECRETARY OF STATE                                    |
|--|---|
| The name of the corporation shall be: (2) (3-6 b) (  | ENTERPRISES TRANSPER BY OF STATE                      |
| ARTICLE II PRINCIPAL OFFICE  |   |
| The principal place of business/mailing address is:  |   |
| Principal street address   | Mailing address, if different is:                     |
| 4936 Omber Way   | Tampa, FL 33624                                       |
| ,  | •   |
|  | •   |
|  |   |
| ARTICLE III PURPOSE  |   |
| The purpose for which the corporation is organized is:   |   |
| Uny legal actionly   | including retail                                      |
| sales from a st  | uncluding retail                                      |
|  |   |
|  |   |
| Name of the Control o |   |
| ARTICLE IV SHARES  |   |
| The number of shares of stock is: / OOO  |   |
| ARTICLE V INITIAL OFFICERS AND/OR DIR  | <u>ECTORS</u>   |
| Name and Titles Milles Realize of  | Nome and Title: 0                                     |
| Name and The. William William  | Name and Title.                                       |
| Address: C(1) 6 Oin War Woy  | Name and Title: Pars I dent  Address: Taupa F (336) 4 |
|  |   |
| Name and Title: Elisabeth Bickert  | Name and Title: VICE PIAS ( ) 12 th                   |
|  |   |
| Address: 7936 Un ber Wag   | Address: Jampa, Fl 33624                              |
|  |   |
| Name and Title:  | Name and Title:                                       |
| Name and True.   |   |
| Address:   | Address:  |
|  |   |
| ARTICLE VI REGISTERED AGENT  |   |
| The name and Florida street address (P.O. Box NOT acce   | ptable) of the registered agent is:                   |
| Name: William Bickert  |   |
| Address: 4906 Unber Way  |   |
| Address: 1906 Unber Way  Tompa FC 33629  |   |

APPROVEL AND FILED

| AKTICLE VII INCOMI CIGITOR   |  |
|--|--|
| The <u>name and address</u> of the Incorporator is:  | 14 JUL 15 PM 1:57  |
| Name: William E Kaith  |  |
| Address: (>2) Stoy sail Ov.  | SECRETARY OF STATE TALLAHASSEE FLORIDA                         |
| Volonco, FL 33594  |  |
| **************************************   | ********<br>Stated corporation at the place                    |
| designated in this certificate, I am familiar with and accept the appointment as registere capacity  |  |
| Willey Backet  | B/11/14  |
| Required Signature/Registered Agent  | Date   |
| I submit this document and affirm that the facts stated herein are true. I am awa submitted in a document to the Department of State constitutes a third degree felony as produced to the degree felon | are that any false information provided for in s.817.155, F.S. |
| Required-Signature/Incorporator  | Toly 6, 2019 Date  |
|  |  |