

P14000060873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B w1400026022 4/24/14
B 7/18/14



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

TALLAHASSEE

June 25, 2014

KENDALL RYCROFT
AK TRIPLE E, INC
1607 WOODLAWN WAY
GULF BREEZE, FL 32563

SUBJECT: AK TRIPLE E, INC
Ref. Number: W14000026022

We have received your document for AK TRIPLE E, INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

The Certificate of Conversion must be signed by an authorized person.

The conversion must be sign by incorporator.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 614A00012804

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: AK TRIPLE E, 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:

KENDALL RYCROFT

Contact Person

AK TRIPLE E, INC

Firm/Company

1607 WOODLAWN WAY

Address

GULF BREEZE, FL 32563

City, State and Zip Code

OKRYCROFT@AOL.COM

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

For further information concerning this matter, please call:

KENDALL RYCROFT at (954) 358-4272

Name of Contact Person

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:

New Filings Section
Division of Corporations
Clifton Building
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

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:

AK TRIPLE E, INC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION
(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 GEORGIA
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 21, 2009
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:

AK TRIPLE E, 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.)

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STATE OF FLORIDA
DIVISION OF REVENUE

Signed this _____ day of _____, 20 ¹⁴_____.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an ~~Incorporator~~ PRESIDENT PRESIDENT
Printed Name: KENDALL RYCROFT Title: PRESIDENT

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

Signature: [Signature]
Printed Name: KENDALL RYCROFT Title: PRESIDENT

Signature: [Signature]
Printed Name: DAWN RYCROFT Title: VICE-PRESIDENT

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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SECTION 140.001
DIVISION OF CORPORATE & FINANCIAL SERVICES

Articles Of Incorporation For Georgia Profit Corporation

The name of the corporation is:
AKTRIPLEE, INC

Principal mailing address of the corporation is:
2015 WILSHIRE GLEN
ALPHARETTA, GA 30009

The Registered Agent is:
KENDALL RYCROFT
2015 WILSHIRE GLEN
ALPHARETTA, GA 30009
County: Fulton

The name and address of Incorporator(s) are:
DAWN RYCROFT KENDALL RYCROFT
2015 WILSHIRE GLEN 2015 WILSHIRE GLEN
ALPHARETTA, GA 30009 ALPHARETTA, GA 30009

The corporation is authorized to issue:
1,000 Shares

The optional provisions are:
No optional provisions.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

Signature(s):
Incorporator, KENDALL P RYCROFT

Date:
April 21, 2009

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: AK TRIPLE E, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1607 WOODLAWN WAY
GULF BREEZE, FL 32563

1607 WOODLAWN WAY
GULF BREEZE, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENDALL RYCROFT - INCORP - PRESIDENT

Address: 1607 WOODLAWN WAY
GULF BREEZE, FL 32563

VICE PRESIDENT
Name and Title: DAWN RYCROFT - INCORP

Address: 1607 WOODLAWN WAY
GULF BREEZE, FL 32563

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KENDALL RYCROFT
Address: 1607 WOODLAWN WAY
GULF BREEZE, FL 32563

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STATE OF FLORIDA
DIVISION OF CORPORATE & FINANCIAL SERVICES

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KENDALL RYCROFT
Address: 1607 WOODLAWN WAY
GULF BREEZE, FL 32563

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



[Handwritten Signature]

Required Signature/Registered Agent

5-31-14

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.



[Handwritten Signature]

Required Signature/Incorporator

5-31-14

Date

[Handwritten Signature]

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS