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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	 *
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Divis	sion of <u>Co</u>	orporations	$\langle \cdot \rangle$		
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SUBJECT		<u> </u>	g Florida Profit Corporatio		
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The enclosed	d Certific	ate of Conversion, Art	icles of Incorporation,	and fees are submi	tted to
convert an "	Other Bus	siness Entity" into a "	Florida Profit Corpora	tion" in accordance	with s.
607.1115, F.	.S.				
Please return	all corre	spondence concerning	this matter to:	•	
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Na	m¢ of Cont	act Person	Area Code and Dayti	me Telephone Number	
Enclosed is	a check fo	or the following amou	nt:		
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□ \$105.00 Fil	ling Fees	□\$113.75 Filing Fees	□\$113.75 Filing Fees	\$122.50 Filing Fee	s,
		and Certificate of Status	and Certified Copy	Certified Copy, and Certificate of Status	
		Status		Certificate of Status	
STREET A	DDRESS	<u>8:</u>	MAILING A	ADDRESS:	
-	lew Filings Section New Filings Section				
	Division of Corporations Division of Corporations				
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					
			Tallahassee, l	FL 32314	
Tallahassee,	rL 3230) [

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:
Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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
5/7/2007
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</u> <u>Incorporation:</u>
Inathir Torving + Lecovery JUC
Enter Name of Florida Profit Corporation.
5. If not effective on the date of filing, enter the effective date: 11/4/2074
(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 date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME	· Time
The name of the corporation shall be:	in Towing + Kecovery I'mc.
·	٠. ل ل
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
The principal place of business/maining address is.	•
Principal street address	Mailing address, if different is:
1000/ 115 1duy 20/	
10813 US PMY 301	
10875 US Hwy 301 Ham-pton FL 32044	
ARTICLE III PURPOSE	10 mm
The purpose for which the corporation is organized is:	ASS ASS
Towing Hauling Recovery	Ļπ ^ζ
- 1001119 , Saming , RECOVERY	
	100 T
	- Σ
	<u>></u>
The number of shares of stock is: 4/00,00	
The number of shares of stock is: 4/00,00	
ARTICLE V INITIAL OFFICERS AND/OR DIR	PECTORS
	Name and Title: Peter 6. Kosmos
Name and Title Kathleen S. Kosmos	Name and Title: Fect 6. NOS/103
Address: 5284NW216+15t	Address: 5284 NW 216 St
	1 1 F1 20 CS
Cawtey 71 32058	Cawtey FL Salos
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	ptable) of the registered agent is:
KILL SV STATE	
Name: Sathleen S. Kasmos	
Address: S284 NW 2/6 4h St.	
Tan Hay 71 32058	
CHNIED JOOGO	

Signed this 19 day of Novem	ber , 20/4.	
Required Signature for Florida Profit Corporati	ion:	
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: Title:	Officer, or, if Directors or Officers hav	e not -
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required	
Signature: Leter G. Rosmos Printed Name: Peter G. Rosmos	Title: $ u$	- -
Signature: Lattle S Lasmos Printed Name: Kathleen 5 Kosmos	Title: President	-
Signature: Printed Name:	Title:	
Signature: Printed Name:	Title:	-
Signature:		- -
Printed Name: Signature:	Title:	-
Printed Name:	_ Title:	-
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability 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.	SWR TEST	F 1 L
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 FLORID \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	0 PM -: 13

	AN F
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	NOV 20 LAHASS
The name and address of the incorporator is:	
Name: Kathleen S. Kosmos	SSE SSE
Address: 5084 NW 21644 St	
Lawtey 71 32058	STAT LOR
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	-
***************************************	*****
Having been named as registered agent to accept service of process for the above so designated in this certificate, I am familiar with and accept the appointment as registered capacity	
Litter S. Lamo	11/19/2014
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 p	
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Statter S. Komo	11/19/2014
Required Signature/Incorporator	Date