P14000097736

(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:				
L11000069161				
Office Use Only				



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COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT. Diversified Media Solutions 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:

Austin - Bret Smith

Contact Person

Diversified Media Solutions Inc

Firm/Company

1115 Ponce De Leon Blvd Ste # 32

Address

Belleair, Florida 33756

City, State and Zip Code

DiversifiedMedia@Verizon.net

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

For further information concerning this matter, please call:

Austin - Bret Smith

...121

269-7269

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

Status

□ \$105.00 Filing Fees

☐\$113.75 Filing Fees and Certificate of

☐\$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:

Diversified Media Solutions, LLC Enter Name of Other Business Entity 2. The "Other Business Entity" is a Limited Liability Company (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 Florida (Enter state, or if a non-U.S. entity, the name of the country) on June 11, 2011 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: Florida 4. The name of the Florida Profit Corporation as set forth in the attached Articles of **Incorporation: Diversified Media Solutions Inc** Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: January 01, 2015

(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 01	day of December	, 20 <u>14</u>
Required Signature f	or Florida Profit Corpo	oration:
Signature of Chairman	, Vice Chauman, Direct	or, Officer or, if Directors or Officers have not
Printed Name: Austin -E	Bret Smith	tle: Chairman
Timed Name. Nashit-E	1	ue. Graiman
	on behalf of Other Busi	ness Entity: [See below for required
signature(s)		
Signature: Austin R.S.	108 J	
Printed Name: Austin B S	Smith	Title: MG Member
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:	,	Title:
~.		
Signature:		
Printed Name:		Title:
Ciamatana		
Drintad Name:		Title:
Timed Name.	·	Title.
Signature:		
Printed Name:		Title:
If Florida General Par	tnership or Limited Lia	bility Partnership:
Signature of one Genera	al Partner.	
		bility Limited Partnership:
Signatures of ALL Gen	eral Partners.	
Te 10 1 2 1 1 -	LU4- C	
If Florida Limited Lia	or Authorized Representa	41
Signature of a Member	or Aumorized Representa	uve.
All others: Signature of an authoriz	zed person.	
_		
Fees:		***
Certificate of C		\$35.00
	a Articles of Incorporation	
Certified Copy:		\$8.75 (Optional)
Certificate of S	tatus:	\$8.75 (Optional)



ICLE and of	the corporation shall be: Diversified	Media Solutions Inc		
ICLE .				
orincipa	l place of business/mailing address is:			
	Principal street address	Mailing address, if diff	erent is:	
5 Por	ice De Leon Bivd Ste # 32			
llea	ir, Fl 33756			
	TII PURPOSE for which the corporation is organized is:			
•	Contractor - Sub Contractor Se	ervices - NON Construction		
	wful purpose			
.,	, , , , , , , , , , , , , , , , , , ,			
				
			<u>,⁴</u> 9EC	<u>-ر</u> زغ
RTICLE IV SHARES 100				34 O
ICLE	V INITIAL OFFICERS AND/OR DI	RECTORS	(3) To	CO.
e and T	Austin-Bret Smith (Chairman)	Name and Title:	543 543	POR/
ess:	8501 Astronaut Blvd Ste 5-202	Address:	ယ ယ	A SECTION OF THE SECT
	Cape Canaveral, FI 32920	· · · · · · · · · · · · · · · · · · ·		
e and Ti	Jason David Rivera (Vice Chairman)	Name and Title:		
ess:	1617 Indian Rocks Road	Address:		
	Belleair, Fl 33756			
e and Ti	itle:	Name and Title:		
ess:		Address:		
ICLE I		reptable) of the registered agent is:		
	id Linting Street addites (L.O. Dox MO I acc			
ame an	Jason David Rivera			
ame an				

ARTICLE The name	E VII INCORPORATOR and address of the Incorporator is:	•
Name:	Austin - Bret Smith	
Address:	8501 Astronaut Blvd Ste 5-202	
	Cape Canaveral, FI 32920	
		rice of process for the above stated corporation at the place of the appointment as registered agent and agree to act in this December 01, 2014
	Required Signature/Registered Agent	Date
		ed herein are true. I am aware that any false information titutes a third degree felony as provided for in s.817.155, F.S.
101	Se the Par	December 01, 2014
	Required Signature/Incorporator	Date