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| (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: | | | |
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Office Use Only



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15 MAR -2 AMII: 52

MAR 3 = 2015 S. GILBERT

COVER LETTER

| TO: | Charter Sec Division of | ction f Corporations | | |
|-------------|----------------------------|---|--|--|
| SUBJ | ECT: | Name of Resulting | | |
| | | Name of Resultin | ng Florida Profit Corporatio | n |
| conve | | | | , and fees are submitted to tion" in accordance with s |
| Please | e return all co | orrespondence concernin | g this matter to: | |
| | Chris | Ebling Contact Person | | |
| | | Contact Person | | |
| | Dynar | nic Image Firm/Company | | |
| | 8606 | New Heritage Address | Dr. | |
| | Indiana | Polis IN 4623 City, State and Zip Code | 9 | |
| E | infoe. | to be used for future annual r | eport notification) | |
| For fu | rther inform | ation concerning this ma | tter, please call: | |
| | Chris W | Ebling Contact Person | at (239) 2 | me Telephone Number |
| Γ1 | | | • | me Telephone (vulnoe) |
| Enclo | sed is a chec | k for the following amou | un. | |
| □ \$10 | 5.00 Filing Fee | s S113.75 Filing Fees and Certificate of Status | ☐\$113.75 Filing Fees and Certified Copy | □\$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| | ET ADDRI | | MAILING A | |
| | Filings Section | | New Filings S | |
| | on of Corpoi n Building | auons | Division of C P. O. Box 632 | |
| | n Bunding Executive Ce | enter Circle | Tallahassee, l | |
| | assee, FL 3 | | A diluilubbee, I | |

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

15 MAR - 2 AMII: 52
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: |
|---|
| Dynamic Image, LLC - 107-808-182/89. Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a <u>limited liability company</u> (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 to 2 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 Incorporation:</u> |
| 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 therein.) |

| Signed this 23rd day of February | 20 . | | | | |
|---|---|--|--|--|--|
| Signed this day of | , 20_ 15 | | | | |
| Required Signature for Florida Profit Corporation: | | | | | |
| Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: R. Christopher Eshing Title: | Officer, or, if Directors or Officers have not Manager / Owner | | | | |
| Required Signature(s) on behalf of Other Business signature(s).] | Entity: [See below for required | | | | |
| Signature: Printed Name: 2. Christopter Elling | Title: Manager/owner | | | | |
| Signature: Printed Name: | Title: | | | | |
| Signature: Printed Name: | _ Title: | | | | |
| Signature: Printed Name: | | | | | |
| 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$35.00 \$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 | p, | 15 MAR -2 AM II: 52 |
|--|---------------------------------|-----------------------------|
| The name of the corporation shall be: Dynamic | Image, Corp. | BANK OF STAT |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | J · · | TÄLLAHASSEE. FLORI |
| Principal street address 28200 Old 41 Rd, She 206 | | g address, if different is: |
| Bonita Springs, FL 34135 | | is, 12 46239 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all law ful busines | \$ | |
| ARTICLE IV SHARES The number of shares of stock is: | | |
| Name and Title: R. Christopher Elling, Owner | 1 | |
| | | |
| Address: 8606 New Heritage Dr | Address: | |
| Indianapolis IN 46239 | | |
| 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: |
| Name: R. Christopher Ebling | | |
| Address: 28200 Old 41 Rd, Stezas | | |
| Route Covins Fl 34125 | | |

| ARTICLE VII INCORPORATOR | |
|--|----------|
| The <u>name and address</u> of the Incorporator is: | |
| Name: R. Christopher Elling | |
| Address: 8606 New Heritage Dr. | |
| Indianapolis, 1N 46239 | |
| | |
| ********* | ******** |
| Having been named as registered agent to accept service of process fo designated in this certificate, I am familiar with and accept the appointment capacity | |
| | 2/24/15 |
| Required Signature/Registered Agent | Date |
| I submit this document and affirm that the facts stated herein are tru submitted in a document to the Department of State constitutes a third deg | |
| | 2/24/15 |
| Required Signature Incorporator | Date |
| | |