(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	,			

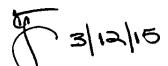
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COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT:

BY THE MORGAN'S, 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:

MEMMALATEL MORGAN

Contact Person

BY THE MORGAN'S, INC

Firm/Company

3916 BOWFIN TRAIL

Address

KISSIMMEE, FL 34746

City, State and Zip Code

MICHAELNEDRICK@GMAIL.COM

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

For further information concerning this matter, please call:

MEMMALATEL MORGAN

, 407

780-8788

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



February 6, 2015

MEMMALATEL MORGAN 3916 BOWFIN TRAIL KISSIMMEE, FL 34746

SUBJECT: BY THE MORGAN'S, INC

Ref. Number: W15000008903

We have received your document for BY THE MORGAN'S, 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 effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 015A00002513

15 MAR II PM 3 40

Certificate of Conversion For

"Other Business Entity"

Florida Profit Corporation

FILED

15 MAR II PM 3-40

SECRETARY OF STATEFALLAHASSEE, 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.

of Conversion is:
BY THE MORGAN'S LLC
Enter Name of Other Business Entity L1300100291
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 (Finter state, or if a non U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on 07/16/2013
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:
BY THE MORGAN'S, 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 lister therein.)
······································

Signed this 22day of JANUARY	, 2015	
Required Signature for Florida Profit Corporat	ion:	
Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have not	
been selected, an Incorporator:	, ,	
Printed Name: MEMMALATEL MORGAN Title:	PRESIDENT	
Required Signature(s) on behalf of Other Business signature(s).	Entity: [See below for required	
Si di Maria		
Signature: Printed Name: MEMMALATEL MORGAN	Title: MGRM	
Fillited Name, we will have a work of the	Title.	
Signature:		
Printed Name:	Title:	
Signature:	m'.i	
Printed Name:	I itle:	
Signature:		
Printed Name:	Title:	
Signature:	The state of the s	
Printed Name:	litte:	
Signature:		
Signature: Printed Name:	Title:	
Signature of one General Partner.	y Partnership:	
Signature of one constant farmon		
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:	
Signatures of ALL General Partners.		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	- A A A A A A A A A A A A A A A A A A A	
Signature of a Member of Authorized Representative.	· · · · · · · · · · · · · · · · · · ·	
All others:	A TAR T	
Signature of an authorized person.		
_	OF S	
Fees:	<u> </u>	
Certificate of Conversion:	the state of the s	
Fees for Florida Articles of Incorporation: Certified Copy:	\$70.00 \$\overline{\sigma}\square \frac{\sigma}{\square} \frac{\sigma}{\square}	
Certificate of Status:	\$8.75 (Optional)	
	> 1	

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 5 MAR 11 PM 3. 40

TT	PRINCIPAL OFFICE					
he principal p	place of business/mailing address is:					
3916 BOWFIN TRAIL KISSIMMEE, FL 34746		Mailing address, if different is: 1682 SWALLOWTAIL LANE SANFORD, FL 32771				
					T PURPOSE or which the corporation is organized is: DUCT ANY AND ALL LEGA	L BUSINESSES
RTICLE IV te number of	shares of stock is: 10,000					
RTICLE V	· · · · · · · · · · · · · · · · · · ·	RECTORS				
ame and Titl						
anic and Th		Name and Title:				
	1682 SWALLOWTAIL LANE	Name and Title: Address:				
	e:					
ddress:	1682 SWALLOWTAIL LANE					
ddress: ame and Titl	1682 SWALLOWTAIL LANE SANFORD, FL 32771	Address:				
Address: Name and Titl	1682 SWALLOWTAIL LANE SANFORD, FL 32771	Address: Name and Title: Address:				
ddress: ame and Titl ddress: ame and Titl	1682 SWALLOWTAIL LANE SANFORD, FL 32771	Address: Name and Title: Address: Name and Title:				
ddress: ame and Titl ddress: ame and Titl	1682 SWALLOWTAIL LANE SANFORD, FL 32771	Address: Name and Title: Address:				
ddress: ame and Titl ddress: ame and Titl ddress: RTICLE VI the name and	e: 1682 SWALLOWTAIL LANE SANFORD, FL 32771 e: e: REGISTERED AGENT Florida street address (P.O. Box NOT acce	Address: Name and Title: Address: Name and Title: Address:				
lame and Title address: lame and Title address: LAMBER AND TITLE VIEW AND THE PARTICLE VIEW AND THE V	1682 SWALLOWTAIL LANE SANFORD, FL 32771 c: c: REGISTERED AGENT	Address: Name and Title: Address: Name and Title: Address:				

The name	and address of the Incorporator is:	
·Name:	MEMMALATEL MORGAN	
Address:	1682 SWALLOWTAIL LANE	
	SANFORD, FL 32771	
******** Having be designated capacity	en named as registered agent to accept service of proc in this certificate, I am familiar with and accept the appe	**************************************
		01/22/2015
	Required Signature/Registered Agent	Date
I submit t submitted	his document and affirm that the facts stated herein a in a document to the Department of State constitutes a thi	are true. I am aware that any false information ird degree felony as provided for in s.817.155, F.S.
		01/22/2015
	Required Signature/Incorporator	Date

T5 MAR II PN 3.40