# P15000048927

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

5 MAY 15 PM 2

#### COVER LETTER •

TO:	Charter Section Division of Corporations					
SHRJI	ECT: Shellie Young, P.A.					
	Name of	Resulting	, Florida	Profit	Corporation	
	closed Certificate of Conversion, Article into a "Florida Profit Corporation" in ac					'Other Business
Please	return all correspondence concerning thi	s matter to	o:			
Shellie	Young					
	Contact Person					
	Firm/Company	<del></del>				
3660 S	ummerwind Circle					
	Address					
Braden	ton, FL 34209					
	City, State and Zip Cod	e				
nmathe	rs10@gmail.com					
E	-mail address: (to be used for future annu	ual report	notificati	on)		
For fur	ther information concerning this matter,	please cal	1:			
Shellie	Young	941 at (	)	713-54	158	
	Name of Contact Person		Area Co	de and	Daytime Telephone Number	
Enclos	ed is a check for the following amount:					
\$25	5.00 Filing Fees  Credit an Status  \$113.75 Filing Fees and Certificate of Status	□\$113.7 and Cert	75 Filing tified Cop		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Fi Divisio Clifton 2661 E	ET ADDRESS: illings Section on of Corporations Building executive Center Circle assee, FL 32301		1 [ P	lew Fi Divisio P. O. B	ilings Section of Corporations sox 6327 assee, FL 32314	

908 Estates, LLC has a \$75 credit on file Please apply towards Filing Fee. We have attached a check for \$80 (plus \$75 on file) = \$105.

## 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 Con	version	is:	
808 Estates, LLC L15-76436	<b>≥</b> 28	5	÷
Enter Name of Other Business Entity	- <del>F</del> S	XXXXX	
2. The "Other Business Entity" is a Limited Liability Company	HETALY OF STATE	5 MAY 15	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		PM 2: 32	
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)	語	2: 32	
on May 1, 2015  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 organized, formed or incorporated:	of whic	h it is i	now
Florida			
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> Shellie Young, P.A.	<u>ı:</u>		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date:  [June 1, 2015]			
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is Department of State; AND 2) must be the same as the effective date listed in the attached Artician effective date is listed therein.)	les of In	corpoi	ration,
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, thi listed as the document's effective date on the Department of State's records.	s date w	ill not l	oe

Signed this 27 day of May	, 20			
Required Signature for Florida Profit Corporation				
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Shellie Young Printed Name: Shellie Young Title: Presid	icer, or, if Directors or Officers have not been	selected	, an	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).	.]		
1 <b>V</b> 2	·	<u> </u>	5	
Printed Name: Shellie Young	Title: AMBR	部	15 MAY 15	
Signature: 1 / M		NARY VSSEE	5	
Printed Name: B. Nathan Mathers	Title: AMBR	GE STA	PH 2:	
Signature:			2:32	
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees:	tha si o o			
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)



2: 32

	15 MAY 15 F	PM 2: 3:
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:	SECRETARY O TALLAHASSEE	it STATE FLORIDA
Principal street address 3660 Summerwind Circle	Mailing address, if different is:	\$1.1
Bradenton, FL 34209		•
ARTICLE III PURPOSE  The purpose for which the corporation is organized is REALTOR	s:	
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR	<u>DIRECTORS</u>	
Name and Title: Shellie Young, President	Name and Title:	
Address: 3660 Summerwind Circle	Addross	
Bradenton, FL 34209	Address.	_
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	_

	E VI REGISTERED AGENT e and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:  APPROVEL AND
Name:	Shellie Young	FILED
Address:	3660 Summerwind Circle	15 MAY 15 PM 2: 32
	Bradenton, FL 34209	SECRETARY OF STATE TALLAMASSEE, FLORIDA
ARTICL The <u>name</u>	E VII INCORPORATOR e and address of the Incorporator is:	
Name:	Shellie Young	
Address:	3660 Summerwind Circle	
	Bradenton, FL 34209	
	een named as registered agent to accept ser	**************************************
· · · · · · · · · · · · · · · · · · ·	Required Signature/Registered Agent	<u> </u>
I submit t document	this document and affirm that the facts state to the Department of State constitutes a thi	ed herein are true. I am aware that any false information submitted in a erd degree felony as provided for in s.817.155, F.S.
<del> </del>	Required Signature/Incorporator	<u> </u>
	required digitatules mearporated	Date

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