## P15000606064

(Re	questor's Name)	
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(,		
(Cit	ty/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETAILY OF STATE



## **COVER LETTER**

	Charter Section Division of Co					
CUBIEC	TIMOTH	Y SCOTT, P.A.				
SUBJEC	I :	Name of	Resulting Flori	da Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an 115, F.S.	*Other Business
Please ret	urn all corresp	pondence concerning this	s matter to:			
TIM SCO	TT					
		Contact Person				
		Firm/Company	, 11 111	. <u>—</u>		
3727 CA1	NOPY CIRCLE	:				
		Address				
NAPLES	FL 34120					
		City, State and Zip Cod	2			
	TTNAPLES@C					
E-m	nail address: (t	o be used for future annu	ial report notifi	cation)		
For further	er information	concerning this matter,				
TIM SCO	TTC		_at (	398-0		
	Name of Co	ontact Person	Area	Code and	l Daytime Telephone Number	
Enclosed	is a check for	the following amount:				
<b>\$105.0</b>		□\$113.75 Filing Fees and Certificate of Status			□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Filin Division Clifton B 2661 Exe	ADDRESS: ngs Section of Corporation uilding ocutive Center ee, FL 32301	Circle		New F Division P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314	

APPROVEL AND FILED

15 JUL 13 AM 10: 37

## Certificate of Conversion For "Other Business Entity"

Into

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Florida Profit Corporation

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:
TIM SCOTT PLLC 2/4000/88254  Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a PROFESSIONAL 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 ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
12/9/14 on
Enter date "Other Business Entity" was first organized, formed or incorporated
<ul> <li>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:</li> <li>4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u></li> </ul>
TIMOTHY SCOTT, P.A.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 7/10/15
(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records



Signed	this 10 day of July	, 20	<del></del>
	red Signature for Florida Profit Corporation		15 JUL 13 AM 10: 37
Signatu Incorpe Printed	ure of Chairman, Vice Chairman, Director, Officerator:  Name: TIM SCOTT Title: PRESI	icer, or, if Directors or Officers have noted	not been steered and OF STATE
Requi	red Signature(s) on behalf of Other Business	Entity: [See below for required sign	nature(s).]
Signate	ure: Timothy B Stor		
	Name: TIM SCOTT		
Signati	ure:		
Printec	I Name:	Title:	
Signati	ure:		
Printec	Name:	Title:	<del></del>
Signati	ure:		
Printed	l Name:	Title:	····
Signat	ure:		
Printed	l Name:	Title:	
Signati	ure:		
Printed	l Name:	Title:	· ·
	rida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership:	
	rida Limited Partnership or Limited Liabilit ures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Flor Signate	rida Limited Liability Company: ure of a Member or Authorized Representative.		
All oth Signat	ners: ure 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. (Prof 5 JUL 13 AM 10: 37

The name of the corporation shall be:TIMOTHY SCOT	r, p.a. SECRETARY OF STATEMENT
The name of the corporation shall be.	TALL METS SHEET ()PI
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
3727 CANOPY CIRCLE	
NAPLES, FL 34120	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
TO ASSIST CLIENTS TO BUY OR SELL RESIDENTIA	
<del></del>	
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS
TIM SCOTT PRESIDENT	<del></del>
Name and Title:	Name and Title:
Address: 3727 CANOPY CIRCLE	Address:
NAPLES, FL 34120	
IVALUES, FE 34120	
Name and Title:	Name and Title:
Traine and Title.	Trans and Tree.
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

APPROVEL AND FILED

	<u>E VI REGISTERED AGENT</u>		FILE	<b>-</b> U	
The <u>name</u>	and Florida street address (P.O. Box NO		<b>=</b> 110 1 A	1110.00	
Name:	TIM SCOTT	<b>1</b> -	5 JUL 13	AH IU: 37	
Address:	3727 CANOPY CIRCLE		SECRETARY ALLAHASSE	OF STATE	
	NAPLES, FL 34120	-	HILATHOOLI, FOUNDE		
ARTICL					
ine <u>name</u>	and address of the Incorporator is:				
Name:	TIM SCOTT				
Address:	3727 CANOPY CIRCLE				
	NAPLES, FL 34120				
**************************************	*********	**************	•		
this certific	en named as registered agent to accept se cate, I am familiar with and accept the ap,	rvice of process for the above stated corporat pointment as registered agent and agree to ac	ion at the pla t in this capa	ace designated in city	
this certific	en named as registered agent to accept secate, I am familiar with and accept the ap	rvice of process for the above stated corporat pointment as registered agent and agree to ac	ion at the pla t in this capa	ace designated in city	
this certific	en named as registered agent to accept secate, I am familiar with and accept the ap	pointment as registered agent and agree to ac	t in this capa	ace designated in acity	
this certific	en named as registered agent to accept secate, I am familiar with and accept the appearance of the secate of the s	rvice of process for the above stated corporate pointment as registered agent and agree to accept the state of the state o	t in this capa	ice designated in	
this certific	Teate, I am familiar with and accept the appearance of the Boundary of the Agent Required Signature/Registered Agent and affirm that the facts stated	pointment as registered agent and agree to ac	t in this capa  5  se informatio	ıcity	