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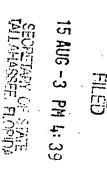
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Charter Section Division of Cor					
SUBJ	ECT: AOK Electr	ic Inc				
ос во	<u> </u>	Name of	Resulting Fl	orida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an '15, F.S.	Other Business
Please	e return all corresp	ondence concerning this	s matter to:			
C. Ke	lli Carroll-O'Quinn					
		Contact Person				
AOK	Electric Inc					
	·····	Firm/Company				
5818 5	SW Moseley Hall R	d.d				
-		Address				
Green	ville, FL 32331					
		City, State and Zip Code	2			
aokele	ectricllc2007@gmai	il.com				
	E-mail address: (t	o be used for future annu	ual report no	tification)		
For fu	rther information	concerning this matter,	please call:			
Donna	a Hagan		at (253-5	400	
	Name of Co	ontact Person		ea Code and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
□ \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 and Certific		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto	EET ADDRESS: Filings Section ion of Corporation n Building Executive Center			New F Divisio P. O. B	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation



15 AUG -3 PM 4: 39

SECRETARY OF STATE ALLAHASSEE, 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:
AOK Electric LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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
(Enter state, or if a non-U.S. entity, the name of the country)
02/26/2007 on
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 attached Articles of Incorporation:
AOK Electric Inc
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date 1) and the minute section of the date of filing and the section of the section of the date of filing and the section of the date of filing and the section of the date of the section o
(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.

Page 1 of 2

Signed thisday of	, 20_/5	APPROVEL AND FILED
Required Signature for Florida Profit Corporation:		15 AUG -3 PM 4: 39
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Llu assu of un Printed Name: C. Kelli Carroll-OQuinn Title: Presiden	er, or, if Directors or Officers have not bee	
Required Signature(s) on behalf of Other Business E	Intity: [See below for required signature(s	9.]
Signature. Q, DWaye O		,
Printed Name: A. Dewayne Oquinn	Title: Presiddent	
Printed Name: Signature: C. Kelli Carroll-OQuinn Printed Name:	inu	
Printed Name: C. Kelli Carroll-OQuinn	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
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



9

In compliance with Chapter 607 and/or Chapter 621,	F.S. (Profit)
THE name of the corporation shall be:	15 AUG -3 PM 4: 3
THE PRINCIPAL OFFICE The principal place of business/mailing address is:	SECRETARY OF STATE PARAMETER PLORIDA
D. C. Lorent Maria	-44 16 different in

421 South Ra	Principal street address	Mailing address, if PO Box 131	different is:
Madison, FL		Greenville, FL 32331	
	III PURPOSE for which the corporation is organized is: usiness revenue in the form of contracted elect	ical services.	
			· · · · · ·
	IV SHARES 1,000 of shares of stock is:		
The number of th	of shares of stock is:	RECTORS	
The number of th	of shares of stock is:	RECTORS Name and Title: A. Dewayne OQuin	nn, Vice President
The number of th	of shares of stock is:	RECTORS Name and Title: A. Dewayne OQuin 5818 SW Moseley	
The number of th	of shares of stock is: V INITIAL OFFICERS AND/OR D itle: C. Kelli Carroll-OQuinn, President	Name and Title: A. Dewayne OQuin	Hall Rd
The number of th	of shares of stock is: V INITIAL OFFICERS AND/OR D itle: 5818 SW Moseley Hall Rd	Name and Title: A. Dewayne OQuin 5818 SW Moseley Greenville, FL 3233	Hall Rd
The number of ARTICLE Name and T Address: Name and T	of shares of stock is: V INITIAL OFFICERS AND/OR D Title: 5818 SW Moseley Hall Rd Greenville, FL 32331	Name and Title: Address: Greenville, FL 3233 Name and Title:	Hall Rd
The number of ARTICLE Name and T Address: Name and T Address:	of shares of stock is:	Name and Title: A. Dewayne OQuin 5818 SW Moseley Greenville, FL 3233 Name and Title: Address:	Hall Rd

	E VI REGISTERED AGENT	FILED
The <u>name</u>	and Florida street address (P.O. Box NOT acce	ptable) of the registered agent is: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name:	Donna Hagan	
Address:	5360 SW US 221	SECRETATION OF STATE TALL APPAINED. PLORIDS
	Greenville, FL 32331	The second section is
<u>ARTICL</u>		
The <u>name</u>	e and address of the Incorporator is:	
Name:	C. Kelli Carroll-OQuinn	
Address:	5818 SW Moseley Hall Rd	
	Greenville, FL 32331	
*****	**********	*********
		f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
		<i>سا</i>
	Oba	
	Required Signature/Registered Agent	Date '
I submit t	his document and affirm that the facts stated her	ein are true. I am aware that any false information submitted in a
	to the Department of State constitutes a third deg	
Cen	Lelle Carri-Quinn	7.27.2015
	Required Signature/Incorporator	Date