P15000096070

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| ☐ ЫСК-ПЬ | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| , | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400279118214

11/20/15--01012--006 **122.50

FILED

15 NOV 20 AM 9: 27

SECRETARY AND SEC

DEC 3 2015 D CUSHING

COVER LETTER

TO:

Charter Section

Tallahassee, FL 32301

| Division of Co | | | 2 . | , | | | |
|--|--|---------------------------|------------------------------|--|------------------|--------|------------|
| SUBJECT: AMS Schrei | ber Associates, Inc. | | | | | | |
| SOURCE. | Name of | Resulting Flo | orida Profit | Corporation | _ | | |
| | e of Conversion, Articles Profit Corporation" in ac | | | ees are submitted to conve 15, F.S. | ert an "Oth | ier Bu | siness |
| Please return all corresp | ondence concerning this | s matter to: | | | | | |
| Andrew M Schreiber | | | | | | | |
| | Contact Person | | | | | | |
| AMS Schreiber Associate | es, Inc. | | | | | | |
| | Firm/Company | | | | | | |
| 232 River Beach Drive | | | | 1 , | <u>سن</u> | _ | |
| | Address | | | | SZCR ALLA | 55 X | |
| Ormond Beach, Florida 3 | 2176 | | | | | NOV 20 | |
| | City, State and Zip Code | e | | | 24-K | Æ | |
| amstaxpro@verizon.net | | | | | 73 11 44 2 | တဲ့ | Comment of |
| E-mail address: (t | o be used for future annu | ial report not | ification) | | ## 15 조작 그리 | 27 | |
| For further information | concerning this matter, | please call: | | | .ag- | | |
| Andrew M Schreiber | | at (| 378-2 | 230 | | | |
| Name of Co | ontact Person | | ea Code and | l Daytime Telephone Nui | mber | | |
| Enclosed is a check for | the following amount: | | | | | | |
| □ \$105.00 Filing Fees | □\$113.75 Filing Fees and Certificate of Status | □\$113.75 and Certific | _ | ■\$122.50 Filing Fees, Certified Copy, and Certificate of Status | | | |
| STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center | | , | New F Division P. O. F | ilings Section on of Corporations Box 6327 assec, FL 32314 | | | |

Certificate of Conversion For "Other Business Entity"

Into

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: |
|--|
| AMS Schreiber Associates, Inc. |
| 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.) |
| (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) |
| April 8, 1988 |
| 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: |
| AMS Schreiber Associates, 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 listed therein.) |
| <u>Note:</u> 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 day of | 2015 | |
|--|--|-----------------|
| Required Signature for Florida Profit Corporation | | |
| Signature of Chairman, Vice Chairman, Director, Offi Incorporator: When W. Machide Printed Name: Andrew M Schreiber Title: Preside | cer, or, if Directors or Officers have not bee | en selected, an |
| Required Signature(s) on behalf of Other Business | Entity: [See below for required signature(s | s).] |
| Signature: M. M. Sehi | | - |
| Printed Name: | Title: President/Secretary Treasurer | _ |
| Signature: | | - |
| Printed Name: | Title: | 151 SEC |
| Signature: | | NOV2 |
| Printed Name: | Title: | SSE D IT |
| Signature: | | _ <u>_</u> |
| Printed Name: | Title: | - 2 - 2 |
| Signature: | | - |
| Printed Name: | Title: | - |
| Signature: | | - |
| Printed Name: | Title: | - |
| If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability | | |
| 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 II PRINCIPAL OFFICE | |
|---|--|
| The principal place of business/mailing address is: | |
| Principal street address 232 River Beach Drive, Suite A | Mailing address, if different is: |
| Ormond Beach, Fl 32176 | ÷. |
| | TAL 5 |
| ARTICLE III PURPOSE | 10V 2 |
| The purpose for which the corporation is organized is: | |
| Tax Preparation, Bookkeeping and Accounting Functions | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| ARTICLE IV SHARES The number of charge of steels in 200 6 | |
| The number of shares of stock is: | |
| The number of shares of stock is: | CTORS |
| The number of shares of stock is: | CTORS Name and Title: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRI Name and Title: Andrew M Schreiber President/Sec Treasure 307 Manhattan Avenue | |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: Andrew M Schreiber President/Sec Treasure 307 Manhattan Avenue Daytona Beach, FL 32118 | Name and Title: Address: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRI Name and Title: Andrew M Schreiber President/Sec Treasure 307 Manhattan Avenue Daytona Beach, FL 32118 | Name and Title: Address: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRE Name and Title: Andrew M Schreiber President/Sec Treasure 307 Manhattan Avenue Daytona Beach, FL 32118 | Name and Title: Address: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRI Name and Title: Andrew M Schreiber President/Sec Treasure 307 Manhattan Avenue Daytona Beach, FL 32118 | Name and Title: Address: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRI Name and Title: Andrew M Schreiber President/Sec Treasure 307 Manhattan Avenue Daytona Beach, FL 32118 Name and Title: | Name and Title: Address: Name and Title: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRI Name and Title: Andrew M Schreiber President/Sec Treasure 307 Manhattan Avenue Daytona Beach, FL 32118 Name and Title: Address: | Name and Title: Address: Name and Title: Address: |

| ARTICL | E VI REGISTERED AGENT | | |
|------------------------|---|--|----------------|
| The name | e and Florida street address (P.O. Box NOT acceptab | le) of the registered agent is: | |
| Name: | Andrew M Schreiber | | |
| Address: | 307 Manhattan Avenue | | |
| | Daytona Beach, FL 32118 | | tr. |
| ARTICL | E VII INCORPORATOR | Se Se Se | |
| The name | e and address of the Incorporator is: | 50 8 | |
| Name: | Andrew M Schreiber | | 3 1 |
| Address: | 307 Manhattan Avenue | A STATE OF THE STA | i i |
| | Daytona Beach, FL 32118 | | ب 27 |
| | ************************************** | | designated in |
| this certif | icate, I am familiar with and accept the appointment a | s registered agent and agree to act in this capacit | y |
| | De M. M. L. | 11/14/2015 | |
| | Required Signature/Registered Agent | Date | |
| I submit t document | this document and affirm that the facts stated herein to the Department of State constitutes a third degree | are true. I am aware that any false information . felony as provided for in s.817.155, F.S. | submitted in a |
| | Mr M. Sofut | 11/14/2015 | |
| | Required Signature/Incorporator | Date | |