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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
·	_	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Charter Section

Tallahassee, FL 32301

Division of Corporations
SUBJECT: Tampa Tax Worksionals 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:
Kenneth Edgecombe Contact Person
Tampa Tax Professionals Firm/Company
4305 N. Armenia Ave Address
Tampa FL. 33607 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status \$\sigma \frac{1}{2}\$113.75 Filing Fees and Certified Copy Status \$\sigma \frac{1}{2}\$113.75 Filing Fees and Certified Copy and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, 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:
Tampa Tax Professionals L.L.C.
Enter Name of Other Business Entity 2. The "Other Business Entity" is a LLC (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 Fley's CCs
2. The "Other Business Entity" is a LLC
(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 ?
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
the state of the s
on O/03/2014 Enter date "Other Business Entity" was first organized, formed or incorporated
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 <u>attached Articles of Incorporation:</u>
Tampa Tax Professionals Inc. Enter Name of Florida Profit Corporation
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.)
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	thisday of	· · · · · · · · · · · · · · · · · · ·		
Requir	ed Signature for Florida Profit	t Corporation:		
Signatu Incorpo Printed	pre of Charmon, Vice Charman, prator: August Wedge Common	Director, Officer,	or, if Directors or Officers have not be	en selected, an
Reauir	ed Signature(s) on behalf of O	ther Rusiness Ent	tity: [See below for required signature)	s).]
Signatu	ire: Junt Zant		Must An and and	_
Printed	Name: Newvell Esco	mbe	Title: Murrager	-
			U	
Printed	Name:	·	Title:	
Signatu	ıre:			**
			Title:	
Signatu	rre:			_
			Title:	
Signatu	ire:			***
			Title:	
Signatu	re:			***
Printed	Name:		Title:	_
If Flori Signatu	ida General Partnership or Lin are of one General Partner.	nited Liability Pa	ertnership:	
I f Flori Signatu	ida Limited Partnership or Lin ires of <u>ALL</u> General Partners.	nited Liability Lir	mited Partnership:	
If Flori Signatu	ida Limited Liability Company re of a Member or Authorized R	<u>r:</u> epresentative.		
All oth Signatu	ers: are of an authorized person.			
Fees:	Configurate of C	,an	227.00	
	Certificate of Conversion: Fees for Florida Articles of Inco		535.00 570.00	
	Certified Copy:		\$8.75 (Optional)	
	Certificate of Status:		88.75 (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	umpa Tax Professionals Inc.
ARTICLE II PRINCIPAL OFFI	
The principal place of business/mailing ac	ddress is:
Principal street address N. AVMENTU A	Mailing address, if different is: NE. 11504 Casa Marina Way Apt. 20;
Tampa FL. 33607	Tumpa Fc. 33635
ARTICLE III PURPOSE The purpose for which the corporation is	s organized is:
	Zv. C
44-24-24	08
ARTICLE IV SHARES The number of shares of stock is: \00	
The number of shares of stock is: 100	S AND/OR DIRECTORS
The number of shares of stock is: 100	
The number of shares of stock is: \\ \OO \\ ARTICLE V INITIAL OFFICERS Name and Title: \ Address:	S AND/OR DIRECTORS Name and Title: Address:
The number of shares of stock is: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S AND/OR DIRECTORS Name and Title: Address:
The number of shares of stock is: \\ \OO \\ ARTICLE V INITIAL OFFICERS Name and Title: Address:	S AND/OR DIRECTORS Name and Title: Address: Name and Title:
The number of shares of stock is: \\ \OO \\ ARTICLE V INITIAL OFFICERS Name and Title: Address: Name and Title:	Name and Title: Address: Name and Title: Address:

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Menne M Economic Aug

Tample FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Menne Menne M Economic Aug

Address: 4305 N. Annellia Aug

Tample FL 33607

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

TODOCT TOTAL