

P/6000001643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

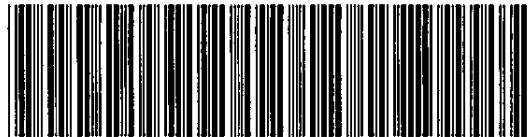
(Document Number)

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12/21/15--01010--017 **105.00

EFFECTIVE DATE

1/1/16

FILED
15 DEC 21 PM 12:00
NOTARY PUBLIC STATE
OF FLORIDA

JAN 7 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Space Coast Investigations, P.A.
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:

Gina Rollman

Contact Person

Space Coast Investigations

Firm/Company

~~224 Provincial Drive~~ 1640 Florida Hwy A1A
Address

~~Indiantown, FL 32903~~ Satellite Beach, FL 32937
City, State and Zip Code

gina@spacecoastinvestigations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Rollman

Name of Contact Person

at (321) 543-9373

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
15 DEC 21 PM 12:00
STATE
OF FLORIDA

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 Conversion is:

Space Coast Investigations, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a 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 of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 4-6-15
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:

same Florida, USA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Space Coast Investigations, P.A.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/1/16

(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 12th day of December, 20 15

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Gina Rollman

Printed Name: Gina Rollman Title: Registered Agent

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Gina Rollman Title: owner (registered agent)

Signature: [Signature]

Printed Name: Gina Rollman Title: manager

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILE # 47-564674

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Space Coast Investigations, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

224 Provincial Dr. 1640 Florida Hwy A1A P.O. Box 1144
Indialantic, FL 32903 Satellite Beach Melbourne, FL 32902
FL 32937

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation organized exclusively for investigative
services including surveillance, background checks, asset searches,
witness statements, etc.)

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Le David N. Sanders (Officer) Name and Title: _____

Address: 1420 Creel Rd NE Address: _____
Palm Bay, FL 32905

Name and Title: Gina Rollman (Officer) Name and Title: _____

Address: 224 Provincial Dr. Address: _____
Indialantic, FL 32903

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gina Rollman

Address: 224 Provincial Dr.
Indianapolis, FL 32903

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Gina Rollman

Address: 224 Provincial Dr 1640 Florida Hwy A1A
Indianapolis, FL 32903 Satellite Beach, FL 32937

Article VIII Effective Date 1/1/2016

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

[Signature]
Required Signature/Registered Agent

12/12/15
Date

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.

[Signature]
Required Signature/Incorporator

12/12/15
Date