P16000015934

(Re	equestor's Name)	•
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,





500280087665

02/12/16--01013--017 **35.00

01/26/16--01002--020 **70.00

SECRETARY OF STATE

2016 FEB 18 PH 2: 2

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: PLA	ATT TIMBER LLC, INC.		
Sebulet.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.0 Filing Fe	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	JPY REQUIRED
FROM:	MELISSA PLATT Nam	e (Printed or typed)	
	112 CARLTON ST.		
		Address	
	WAUCHULA, FL 33873		
	City	, State & Zip	
	863-781-3572		
	Daytime '	Telephone number	
	ANGIEGBS@HOTMAIL.COM		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



February 4, 2016

MELISSA PLATT 112 CARLTON STREET WAUCHULA, FL 33873

SUBJECT: PLATT TIMBER LLC, INC.

Ref. Number: W16000008743

We have received your document for PLATT TIMBER LLC, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 316A00002469



Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation 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:	
Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.	′
Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.	
Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.	•
Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.	
Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.	
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:	
1. The mand of the Other Business Littly infinitely prior to the fining of this contribute of convenients.	
PLATT TIMBER LLC	
Enter Name of Other Business Entity	
2. The "Other Business Emity" 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 January 18, 2016	
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: PLATT TIMBER INC	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: Other floating date this decorporate is filed by the Florida.	
(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 21st day of January	20 16			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: MELISSA PLATT Title: PRESID	er, or, if Directors or Officers have not been selected, an			
Required Signature(s) on behalf of Other Business E Signature: Melono G Plas	Intity: [See below for required signature(s).]			
Printed Name: MELISSA PLATT				
Signature:	•			
Printed Name:				
Signature:				
Printed Name:				
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:				
Signature:				
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:			
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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

Page 2 of 2

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

TICLE II PRII 2 CARLTON ST.	NCIPAL OFFICE Principal street address	Mailing address, if different is: P.O. BOX 2384	
AUCHULA, FL 3	3873	LAKE PLACID, FL 33862	
	h the corporation is organized is:	JRCHASE AND SELL TIMBER AND TO MANUFAC	СТИ
e number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTOR Title: P.O. BOX 2384	Name and Title:	
RTICLE V INIT	of stock is: TIAL OFFICERS AND/OR DIRECTOR Title: P.O. BOX 2384	<u>2S</u>	
e number of shares RTICLE V INIT Name and T	of stock is: TIAL OFFICERS AND/OR DIRECTOR Title: P.O. BOX 2384	Name and Title:	
e number of shares RTICLE V INT Name and T Address	of stock is: TIAL OFFICERS AND/OR DIRECTOR Title: P.O. BOX 2384 LAKE PLACID, FL 33862	Name and Title:	
e number of shares RTICLE V INT Name and T Address	of stock is: TIAL OFFICERS AND/OR DIRECTOR Title: P.O. BOX 2384 LAKE PLACID, FL 33862	Name and Title: Address: Name and Title:	
e number of shares RTICLE V INIT Name and T Address Name and Ti	of stock is: TIAL OFFICERS AND/OR DIRECTOR MELISSA PLATT P.O. BOX 2384 LAKE PLACID, FL 33862	Name and Title: Address: Name and Title: Address:	
e number of shares RTICLE V INIT Name and T Address Name and Ti Address	of stock is: TIAL OFFICERS AND/OR DIRECTOR Nitle: P.O. BOX 2384 LAKE PLACID, FL 33862 itle:	Name and Title: Address: Name and Title: Address:	

Name a	and Title:	Name and Title:
Addres	SS	_ Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	MELISSA PLATT	
Address:	112 CARLTON ST.	-
Audress.	WAUCHULA, FL 33873	<u> </u>
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and</u>	address of the Incorporator is:	
Name:	MELISSA PLATT	_
Address:	P.O. BOX 2384	_
11441000	LAKE PLACID, FL 33862	_
Effective date, (If an effective days after the	filing.)	(OPTIONAL) of be more than five business days prior or 90 business
	s effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been n this certificate,	named as registered agent to accept service of process. I am familiar with and accept the appointment as re Required Signature/Registered Agent	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
document to th	document and affirm that the facts stated herein are pepartment of State constitutes a third degree felo quired Signature/Incorporator	e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
Q_{i}	Paren 1.21.2016	

ANN AYERS
MY COMMISSION # FF 011431
EXPIRES: June 29, 2017
Bonded Thru Notary Public Underwriters