P16000031525

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
07016,00657 no AR Filod, eff. data				



800281914528

02/10/16--01015--026 **122.50

16 MAR -2 PH 3: 05

Office Use Only

3/9



February 22, 2016

LAKITA M SPAM 893 BUNKER HILL BLVD JACKSONVILLE, FL 32208

SUBJECT: MR POTATO SPREAD LLC

Ref. Number: L14000120103

We have received your document for MR POTATO SPREAD LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date must be specific and cannot be prior to the date of filing.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

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

New Filing Section.

Letter Number: 616A00003627

www.sunbiz.org

COVER LETTER

TO:

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Charter Section

Division of Corporations
SUBJECT: Nr. Pot 010 Sore od 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:
Latita M. Saan Contact Person
MY Pot ato Saread Firm/Company
893 Bunker Hill BIVd Address
Joh., FL 33308 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 at (90H) 303-0034 Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$\Boxed{105.00}\$ Filing Fees and Certificate of Status \$\Boxed{113.75}\$ Filing Fees and Certified Copy Status \$\Boxed{113.75}\$ Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Certificate of Conversion For

"Other, Business Entity"

Înto

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
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of \(\frac{\frac{1}{10000000000000000000000000000000000
on Ruguest 1, 30 Y.H 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>
MY. POHOHO SPREAD Inc. Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 23/15/10 (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 36 day of January	, 20 <u>\\</u>	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Soon Title: Men	er, or, if Directors or Officers have not beer	ı selected, an
Required Signature(s) on behalf of Other Business E		
Signature: Lakela M. Span	<u> </u>	100 5 5 5
Printed Name: LOKHO M. SOOM	Title: member	AHAS
Signature:		-2 PM
Printed Name: ACON SOAM	_Title:	ဥ်ဋ္ဌ ယ
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	_ Title:	
Signature:		
Printed Name:	_ Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability I 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:	\$35.00 \$70.00	

\$8.75 (Optional) \$8.75 (Optional)

Certified Copy: Certificate of Status:

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

The name of the corporation shall be:	tato Spread Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	A A A A A A A A A A A A A A A A A A A
Principal street address	Mailing address, if different is
593 Burker Hill Blvd Jan, Fl 3208	JON, FL 33808 D
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Solver Solve
and all lawful be	re inece
311 GIB GIII 16411CG. 15C	
ARTICLE IV SHARES The number of shares of stock is: \\ \\ \)	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS
Name and Title: Latita m. Sporn, President	Name and Title: Apron Spony Vice President
Address: 893 Bunker Hill Blud	Address: 893 Burker Hill Blid
Jony FL 3208	JON-FL 32008
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name: Lotita M. Spans	· ·		
Address: 293 Bunker Hill Blud			
2007-L 3008	42.		
ARTICLE VII INCORPORATOR		∭ ਲੈਂ	
The name and address of the Incorporator is:	≥; ==: >::	MAR.	*** :- 1 :- :
Name: Latita M. span	い] (A) [円]	-2 -2	(1) GP ₂ (2) (1)
Address: 898 Bunker Hill Blud	بر بر	R R 2:	
JON FL 32208	ORIDA	: 05	
***********	*******		
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as			esignated in
Required Signature/Registered Agent	1126116 Date		
I submit this document and affirm that the facts stated herein ar document to the Department of State constitutes a third degree fe		ation sul	bmitted in a
Required Signature/Incorporator	1/20110 Date		
required Signature/incorporator	Date		