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	ity/State/Zip/Phone	<u> </u>
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	or Status
Special Instructions to	Filing Officer:	

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BLAKE BALTOS L	LC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: BA	2/1/		UCC 1 or 3 File
	$-\frac{3/16}{2}$		UCC Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	Up	Courier

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.

utes.
nversion is:
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s of which it is now n:
s filed by the Florida les of Incorporation,

Required Signature for Florida Profit Corporation: Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, a Incorporator: Printed Name: Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: BLAKE BALTOS Title: MGR Signature: Printed Name: Title: Signature: Title: Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Signature: One General Partnership or Limited Liability Partnership: Signature of one General Partnership or Limited Liability Partnership: Signature of one General Partnership.	Signed this day of	, 20 1 6	
Incorporator: Printed Name:Title: Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature:	Required Signature for Florida Profit Corporation	on:	
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature:	Signature of Chairman, Vice Chairman, Director, On Incorporator:	fficer, or, if Directors or Officers have not bee	n selected, an
Signature: BLAKE BALTOS Title: MGR Signature: Printed Name: Title: Signature: Printed Name: Title: Signature: Title: Signature: Signature: Title: Signature: Signature: Title: Signature: Signature: Title: Signature: Signat	Printed Name:Title:		
Printed Name: BLAKE BALTOS Signature:			
Printed Name: BLAKE BALTOS Signature:	Signature: Blule D. Buttle	7	,
Printed Name:			
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Printed Name:	Printed Name:	Title:	
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Printed Name:	Printed Name:	Title:	
Signature: Title: Title: If Florida General Partnership or Limited Liability Partnership:	Signature:		
Printed Name: Title: If Florida General Partnership or Limited Liability Partnership:	Printed Name:	Title:	
If Florida General Partnership or Limited Liability Partnership:	Signature:		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.	Printed Name:	Title:	
	If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Lighility Limited Partnership; Signatures of ALL General Partners.		y Limited Partnership;	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	Signature of a Member or Authorized Representative.		
All others: Bluk D. Batter	2311 QUIÇIA. —		1 6
SIGNATURE OF AN AUTHORIZED DETSON	Signature of an authorized person.		
Fees:		\$35.00	25

Page 2 of 2

\$70.00

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

Fees for Florida Articles of Incorporation:

Certified Copy: Certificate of Status: 5 HKG 15 AN 8:21

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

	ros p.a.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			
Principal street address	Mailing	address, if different is:	
5814 SEAGRAPE DR			
FORT PIERCE, FL 34982			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized			
TO ENGAGE IN ANY AND ALL LAWFUL PRACT	ICE OF REAL ESTATE.		
			•
			
ARTICLE IV SHARES 100			
The number of shares of stock is:	· ·		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OF	· ·	<u> خب </u>	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 5814 SEAGRAPE DR	2 DIRECTORS	ਨ	6 110 12 274
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 5814 SEAGRAPE DR	Name and Title:Address:	5	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 5814 SEAGRAPE DR FORT PIERCE FL 34982	Name and Title:Address:	16 15 28 15	(F) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 5814 SEAGRAPE DR	Name and Title: Address: Name and Title:	16 14 28 -5	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 5814 SEAGRAPE DR FORT PIERCE FL 34982 Jame and Title:	Name and Title: Address: Name and Title: Address: Address:	16 H 22 - 5	(F) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 5814 SEAGRAPE DR FORT PIERCE FL 34982 Name and Title: Address:	Name and Title: Address: Name and Title: Address: Address:	16 K 8	14 6 15 15 15 15 15 15 15 15 15 15 15 15 15

	e and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	BLAKE BALTOS	
Address:	5814 SEAGRAPE DR	
	FORT PIERCE FL 34982	
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	BLAKE BALTOS	
Address:	5814 SEAGRAPE DR	
- • • • • • • • • • • • • • • • • • • •	FORT PIERCE FL 34982	
********* Having be	en named as registered agent to accept s	**************************************
inis cerigi	cuie, I am jamuar win and uccepi ine a	pomiment as registered agent and agree to act in this capacity
1	Sule D. Golls	3/15/16
	Required Signature/Registered Agent	Date
		ated herein are true. I am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.
Ø.	July D. Britis	= 3/15/16
	Required Signature/Incorporator	/ Date