

P16000030151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

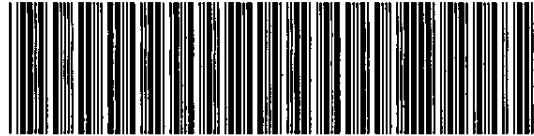
Special Instructions to Filing Officer:

Office Use Only

W/6mw 17749

APR 06 2016

T. SCOTT



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 31 AM 9:30



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2016

MICHAEL LOWE  
915 DOYLE ROAD, SUITE 303-309  
DELTONA, FL 32725

SUBJECT: SHOTROCK PRODUCTIONS, INC.  
Ref. Number: W16000017749

We have received your document for SHOTROCK PRODUCTIONS, INC. 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.

Registered agent needs to sign.,

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 316A00004906

RECEIVED  
16 MAR 31 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

Shotrock Productions, Inc.

**SUBJECT:** \_\_\_\_\_  
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:

Michael Lowe

\_\_\_\_\_  
Contact Person

Shotrock Productions

\_\_\_\_\_  
Firm/Company

915 Doyle Road, Suite 303-309

\_\_\_\_\_  
Address

Deltona, Florida 32725

\_\_\_\_\_  
City, State and Zip Code

owners@shotrockproductions.com

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

For further information concerning this matter, please call:

Michael Lowe

407

614-6190 x702

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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**

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:

ShotRock Productions, LLC

- 219 000 40356

Enter Name of Other Business Entity

limited liability company.

2. The "Other Business Entity" is a \_\_\_\_\_  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

Florida

first organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

March 11, 2014

on \_\_\_\_\_  
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:

Not applicable.

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

ShotRock Productions, Inc.

Enter Name of Florida Profit Corporation

Not applicable

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.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 31 AM 9:30

Signed this 23 day of February, 2016.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Michael Lowe

Printed Name: Michael Lowe Title: CEO

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

Signature: Andrew Tills

Printed Name: Andrew Tills Title: AMBR

Signature: Mike Lowe

Printed Name: Mike Lowe Title: AMBR

Signature: Mike Fco

Printed Name: Mike Fco Title: AMBR

Signature: Dan Hagan

Printed Name: Dan Hagan Title: AMBR

Signature: D.E.H.

Printed Name: D.E.H. 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)

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

**ARTICLE I NAME**

ShotRock Productions, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1845 Providence Blvd

915 Doyle Rd suite 303-309

Deltona, Florida 32725

Deltona, FL 32725

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
any and all lawful business.

**ARTICLE IV SHARES**

1,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael L. Lowe, CEO

Address: 1591 N. Page Drive

Deltona, Florida 32725

Name and Title: Michael H. Feo, CAO

Address: 305 Northlake Boulevard, #1004

Altamonte Springs, Florida 32701

Name and Title: James C. Dunbar, CPO

Address: 1228 Marie Avenue

Apopka, Florida 32703

Name and Title: Andrew C. Tills, CFO

Address: 1845 Providence Boulevard

Deltona, Florida 32725

Name and Title: Daniel E. Hagan, COO

Address: 488 Sun Lake Circle, #100

Lake Mary, Florida 32746

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
16 MAR 31 AM 9:31

**ARTICLE VI REGISTERED AGENT**

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

Name: Danell Tills  
Address: 1845 Providence Blvd  
Deltona, Fl 32725

**ARTICLE VII INCORPORATOR**

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

Name: Michael Lowe  
Address: 1845 Providence Boulevard  
Deltona, Florida 32725

\*\*\*\*\*

*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*

Danell Tills  
Required Signature/Registered Agent

2/23/16  
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.*

Michael Lowe  
Required Signature/Incorporator

2/23/16  
Date