

P16000037639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

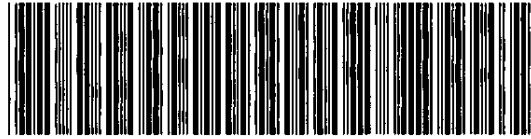
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/22/16--01023--008 **105.00

FILED
16 APR 29 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. APR 29 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SZT Contact Marketing 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:

Casey Lambert
Contact Person

Firm/Company

8205 Alatoona Pass Way
Address

Address

Boynton Beach, FL 33473
City, State and Zip Code

City, State and Zip Code

CASEY@S2Tcontact.com

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

For further information concerning this matter, please call:

Casey Lambert

Name of Contact Person

at (561) 319-5314

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

~~X~~ \$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
16 APR 29 AM 9:51
SECRETARY OF STATE
TALLAHASSEE 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:

SZT Contact Marketing 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 8/20/2015
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**:

SZT Contact Marketing Inc

Enter Name of Florida Profit Corporation

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.

Signed this 18th day of April, 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: Casey Lambert / Casey Lambert
Printed Name: Casey Lambert Title: President

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

Signature: Casey Lambert

Printed Name: Casey Lambert Title: Member

Signature: _____

Printed Name: _____ Title: _____

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) |

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

FILED

ARTICLE I NAME

The name of the corporation shall be: SZI Contact Marketing Inc

16 APR 29 AM 9:51

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal street address

100 E Linton Blvd suite 140A
Delray Beach, FL 33483

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Casey Lambert P

Name and Title: _____

Address: 100 E Linton Blvd Suite 140A

Address: _____

Delray Beach, FL 33483

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) of the registered agent is:

Name: Casey Lambert
Address: 100 E Linton Blvd suite 140A
Delray Beach, FL 33483

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Casey Lambert
Address: 100 E Linton Blvd suite 140A
Delray Beach, FL 33483

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TALLAHASSEE FLORIDA

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

Casey Lambert
Required Signature/Registered Agent

4/18/16
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.

Casey Lambert
Required Signature/Incorporator

4/18/16
Date