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(Re	equestor's Name)	
(Address)		
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #}
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

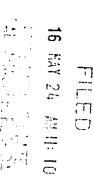
Office Use Only

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COVER LETTER

TO: Charter Section Division of Corp	orations				
SUBJECT: C.K. Krauss,	P.A.				
	Name of l	Resulting Florid	a Profit	Corporation	-
The enclosed Certificate Entity" into a "Florida Pr				ees are submitted to conve 15, F.S.	ert an "Other Business
Please return all correspo	ndence concerning this	matter to:			
Cindy K. Krauss					
	Contact Person		_		
C.K. Krauss, P.A.					
	Firm/Company		_		
P.O. Box 674					
	Address		_		
Sorrento, FL 32776					
C	ity, State and Zip Code	-	_		
ckk1788@gmail.com					
E-mail address: (to	be used for future annu	al report notific	ation)		
For further information c	oncerning this matter, p				
Cindy K. Krauss		_at (621-5	958	
Name of Con	tact Person	Area (ode and	Daytime Telephone Nur	nber
Enclosed is a check for the	ne following amount:				
	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center C	ircle		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	16 MAY 2

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

16 MAY 24 AM II: 10

SELECTARY OF STATE

"ILLANG", FE. F. CRIDA

May 10, 2016

CINDY K. KRAUSS POST OFFICE BOX 674 SORRENTO, FL 32776

SUBJECT: C.K. KRAUSS, P.C. Ref. Number: W16000034020

We have received your document for C.K. KRAUSS, P.C. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 016A00009805

RECEIVED

16 HAY 24 M 9 44

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

FILED 16 MAY 24 AM II: 10

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:
C.K. Krauss, P.C.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a professional corporation
(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
(Enter state, or if a non-U.S. entity, the name of the country)
1/12/2015 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: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
C.K. Krauss, P.A.
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 Florid 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 day of May	, 20	
Requi	red Signature for Florida Profit Corporatio	on:	
Signatu	ure of Chairman Vice Chairman, Director, Of orator: Name: Cindy K Krauss Title: Director	ficer, or, if Directors or Officers have not b	een selected, an
	red Signature(s) on behalf of Other Busines		· · -
Signati	ure:		
Printed	Name: Cindy K. Krauss	Title: Director	
Signati	ure:		_
Printed	l Name:	Title:	_
Signati	ure:		_
Printed	Name:	Title:	
Signati	ure:		
Printed	Name:	Title:	
Signatı	ure:		
Printed	Name:	Title:	
Signatı	ire:		
Printed	Name:	Title:	
	ida General Partnership or Limited Liabili ire of one General Partner.	ty Partnership:	
<u>If Flor</u> Signati	ida Limited Partnership or Limited Liabili ures of <u>ALL</u> General Partners.	ty Limited Partnership:	
	ida Limited Liability Company: ure of a Member or Authorized Representative	.	
All oth Signatu	ters: ure of an authorized person.		6
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)	N 24 MINI
		Page 2 of 2	711 O

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

FILED

The name of the corporation shall be: C.K. Krauss, P.A.	
ARTICLE II PRINCIPAL OFFICE	SEDILLMANOFITATE
The principal place of business/mailing address is:	ALUMAN CA, FLORIDA
Principal street address 23480 County Road 44A	Mailing address, if different is: P.O. Box 674
Eustis, FL 32736	Sorrento, FL 32776
ARTICLE III PURPOSE The purpose for which the corporation is organized is: practice of law	
ARTICLE IV SHARES The number of shares of stock is:	
<u> </u>	
ARTICLE V INITIAL OFFICERS AND/OR D	IRECTORS
Name and Title: Cindy K. Krauss, Director P.O. Box 674	Name and Title:
Name and Title: Cindy K. Krauss, Director	
Name and Title: Cindy K. Krauss, Director P.O. Box 674	Name and Title:Address:
Name and Title: Cindy K. Krauss, Director P.O. Box 674 Sorrento, FL 32776	Name and Title:Address:
Name and Title: Cindy K. Krauss, Director P.O. Box 674 Sorrento, FL 32776 Name and Title:	Name and Title: Address: Name and Title: Address:

	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	Cindy K. Krauss	
Address:	23840 County Road 44A	
	Eustis, FL 32736	
ARTICL The name	E VII INCORPORATOR e and address of the Incorporator is:	
Name:	Cindy K. Krauss	
Address:	P.O. Box 674	
	Sorrento, FL 32776	

		5/16/2016
	Required Signature/Registered Agent	Date
		herein are true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.
		5/16/2016
	Required Signature/Incorporator	Date

FILED

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