7600005484C)

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
Di) رد	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-N	
	Office Use Only	



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16 JUN 21 FH 12: 24

JUN 30 2016 S. GILBERT

COVER LETTER®

TO:	Charter Section Division of Corporations
SUBJE	T: PROJECT SOAR FUC
	T: PROJECT SOAR FNC Name of Resulting Florida Profit Corporation
	osed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business nto a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please	eturn all correspondence concerning this matter to:
	MICHAEL AULBACH Contact Person
	PROJECT SOAR, INC Firm/Company
	4805 NW 50th STEET Address
	TAMARAC 9 33319 City, State and Zip Code
<u>E</u>	info@projectsvar.us mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
	Name of Contact Person Area Code and Daytime Telephone Number
Enclos	d is a check for the following amount:
□ \$10	00 Filing Fees
New F Division Clifton 2661 F	T ADDRESS: ings Section of Corporations Building ecutive Center Circle see, 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 18 July 21 PHI2: 24

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 Conv	ersion is:
PROJECT SOAR FOR LLC LIOU001; Enter Name of Other Business Entity	29496
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a 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 \-\-\\\	
on \[\lambda - \lambda - \lambda \] 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 organized, formed or incorporated:	of which it is now
NIA	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :	
PROJECT SOAR, 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: Department of State; AND 2) must be the same as the effective date listed in the attached Article if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	s of Incorporation

listed as the document's effective date on the Department of State's records.

Signed this 10th day of DUNE	, 20 16 .			
Required Signature for Florida Profit Corporation:	<u>.</u>			
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: MICHAEL AULDACITITE: Discontinuous Control of Chairman, Director, Office Incorporator, Offic	cer, or, if Directors or Officers have not bee	n selecte	ed, an	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	s).]		
Signature: Mahad alled		_		
Printed Name: MICHAEL ALLBACH	Title:DIRECTOR/MANAGER	, ,		
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 Signature of one General Partner.	<u>Partnership:</u>			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:		16 JUN 21	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		, #	21 PH	í
All others: Signature of an authorized person.		Since Since	12:24	يمخ 'جودي'
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)			

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

Mailing address, if different is:
16 JUN 21
and the second s
L Activity =
RECTORS
Name and Title: Address:
Name and Title:
Address:

The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
	•		
Name:	MICHAEL ALLBACH		
Address:	4805 NW 50M ST		
	TAMARAC FL 33319		
ARTICLE			
The <u>name</u> :	and address of the Incorporator is:		
Name:	MICHAEL AULBACH		
Address:	4805 NW 50th ST		
	TAMARAC, & 33319		
****	**********	******	
	en named as registered agent to accept service of proce ate, I am familiar with and accept the appointment as		ignated in
v 7	rekel aulland	<u> </u>	
	Required Signature/Registered Agent	Date	
	is document and affirm that the facts stated herein are to the Department of State constitutes a third degree fel		nitted in a

Required Signature/Incorporator