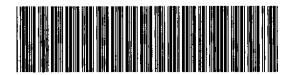
P16000055837

(Request	or's Name)	
(Address)	
(Address)	
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to Filing	Officer:	
W/6-440	78	

Office Use Only



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SECRETARY OF SIGNA 16 JUL -6 PH 4: 0

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COVER LETTER

TO:	Charter Section Division of Co					
SUBJ	FCT: HPS, INC.					
SCDS	EC1	Name of	Resulting Flori	da Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Otl 15, F.S.	ner Business
Please	return all corres	pondence concerning this	s matter to:			
Henry	Winters					
	, , ,	Contact Person				
HPS, I	nc					
		Firm/Company			•	
2110 F	-lawthorne St					
		Address				
Saraso	ta, Fl 34239					
		City, State and Zip Code	е			
Hank@	hpstalent.com					
I	E-mail address: (t	to be used for future annu	al report notifi	cation)		
For fu	rther information	concerning this matter,	please call:			
Henry	Winters		504 at (208.9	778	
	Name of Co	ontact Person	Area	Code and	l Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
3 \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fil and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Clifton	ET ADDRESS: Filings Section on of Corporation n Building Executive Center	18		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



June 20, 2016

HENRY WINTERS 2110 HAWTHORNE ST SARASOTA, FL 34239

SUBJECT: HPS, INC.

Ref. Number: W16000044078

We have received your document for HPS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 016A00012935

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

FILED 16 JUL -6 PM 4:01

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:
HPS, Inc.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S-Corp
(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
10/7/2010
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 <u>attached Articles of Incorporation:</u> ### Talont The.
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; <u>AND</u> 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 thisday of	20 16	
Required Signature for Florida Profit Corporation		FILED
Signature of Chairman, Vice Chairman, Director, Offi	icer, or, if Directors or Officers have r	not been selectes, aff 4:01
Required Signature(s) on behalf of Other Business	Entity: [See below for required sign	ature(s).]
Signature: <u>Jeny Linters</u> Printed Name: <u>Henry Winters</u>		
Printed Name: Henry Winters	Title: President	····
Signature:		
Printed Name:	Title:	
Signature:		<u></u>
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. If Florida Limited Partnership or Limited Liability 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: 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)

	NAME	HPS Talent, Inc.	FILED 16 JUL -6 PM 4:01
The name of th	e corporation shall be:	MI) IXIENI, INC.	16 JUL -6 PM III O
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF STA
The principal p	place of business/mailing address is:		SECRETARY OF STATE TALLAHASSEE FLORIDA
2110 Hawthorn	Principal street address e St		dress, if different is:
Sarasota, Fl 342			
	I PURPOSE or which the corporation is organize		
All lawful busir	ness		
	<u> </u>		
	Shares of stock is:	·	
ARTICLE V	INITIAL OFFICERS AND/O	R DIRECTORS	
Name and Title	e: Henry Winters / President	Name and Title:	
Address:	2110 Hawthorne St		
Tradios.	Sarasota, Fl 34239	 	
Name and Title	e:	Name and Title:	
Address:		Address:	
Name and Title	e:	Name and Title:	
Address:		Address:	

he <u>name</u>	e and Florida street address (P.O. Box Henry Winters	NOT acceptable) of the registered agent is:
Name:	Helliy Willers	to
ddress:	2110 Hawthorne St	FILED 16 JUL -6 PM 4:01
	Sarasota, Fl 34239	SECRETARY OF STATE TALLAHASSEE FLORIDA
RTICL		TOMOA
ne <u>name</u>	e and address of the Incorporator is:	
ame:	Henry Winters	
ddress:	2110 Hawthorne St	
	Sarasota, Fl 34239	•
aving be	een named as registered agent to acce	ot service of process for the above stated corporation at the place designated in
		appointment as registered agent and agree to act in this capacity
	11 11:	
	Henry Winter	
	Required Sygnature/Registered Agen	Date
		stated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.
	11	/ /.
	Henry (/ with	6/10/16
	Required Signature/Incorporator	Date

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