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Office Use Only



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COVER LETTER

•	TO: Charter Section Division of Corporations				
	SUBJECT: Athena NY Diner, Inc.				
	Name of Resulting Florida Profit Corporation				
	The enclosed Certificate of Conversion, Articles Entity" into a "Florida Profit Corporation" in ac				
	Please return all correspondence concerning this	s matter to:			
	Dory Dyess				
	Contact Person				
	Dyess, Jones & Associates, LLC				
	Firm/Company				
	PO Box 1719				
	Address				
	Lady Lake, FL 32158				
+	City, State and Zip Code	e			
	dja@dyessjones.com				
	E-mail address: (to be used for future annu	ual report notification)			
	For further information concerning this matter,	•			
	Dory Dyess	_at ()	900		
	Name of Contact Person	Area Code and	Daytime Telephone Number		
	Enclosed is a check for the following amount:				
	□ \$105.00 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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

ne Florida rporation, not be
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Page 1 of 2

SECRETARY OF STATE OF CORPORATIONS

•						
Signed thisday of	Aug, 20_16					
Required Signature for Florida P	rofit Corporation:					
Signature of Chairman, Vice Chairman	Title: President					
	of Other Business Entity: [See below for required signature(s).]					
Signature:						
Printed Name: E. Kitrinos	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 Signature of one General Partner.	Limited Liability Partnership:					
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of <u>ALL</u> General Partners.						
If Florida Limited Liability Comp	pany:					

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

\$8.75 (Optional)

Certified Copy: Certificate of Status:

\$8.75 (Optional)

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

	II PRINCIPAL OFFICE	
ie principa	l place of business/mailing address is	
50 S. US H	Principal street address wy 27/441	Mailing address, if different is:
ady Lake, F		
	III PURPOSE e for which the corporation is organic	and in
	tion is organized for the purpose of tran	
 		
	IV SHARES 100	
ne number	of shares of stock is:	
RTICLE		
ama and T	V INITIAL OFFICERS AND	
anne and i		OR DIRECTORS
ddress:	V INITIAL OFFICERS AND/	OR DIRECTORS
	v INITIAL OFFICERS AND	/OR DIRECTORS Name and Title:
ddress:	v INITIAL OFFICERS AND/ itle: E. Kitrinos, President 360 S US Hwy 27/441 Lady Lake. FL 32159	/OR DIRECTORS Name and Title: Address:
ddress:	V INITIAL OFFICERS AND/ Citle: 360 S US Hwy 27/441	/OR DIRECTORS Name and Title: Address: Name and Title:
ddress: ame and T	V INITIAL OFFICERS AND Prittle: E. Kitrinos, President 360 S US Hwy 27/441 Lady Lake. FL 32159 Title: A. Frye	/OR DIRECTORS Name and Title: Address: Name and Title:
ddress: ame and T	itle: E. Kitrinos, President 360 S US Hwy 27/441 Lady Lake, FL 32159 itle: A. Frye 241 Westmar Dr. Rochester, NY 14624 S. Glidden	/OR DIRECTORS Name and Title: Address: Name and Title: Address:
ddress: ame and T	itle: E. Kitrinos, President 360 S US Hwy 27/441 Lady Lake. FL 32159 itle: A. Frye 241 Westmar Dr. Rochester, NY 14624 S. Glidden 241 Westmar Dr.	Name and Title: Address: Name and Title: Name and Title: Address:
ddress: ame and T ddress: ame and T	itle: E. Kitrinos, President 360 S US Hwy 27/441 Lady Lake. FL 32159 itle: A. Frye 241 Westmar Dr. Rochester, NY 14624 S. Glidden	Name and Title: Address: Name and Title: Address: Name and Title: Address:

SEURETARY OF STATE OIVISION OF CORPORATIONS

	and Florida street address (P.O. Box NOT acc	ceptable) of the registered agent is:	
Name:	E. Kitrinos		
Address:	360 S US Hwy 27/441		SE
	Lady Lake, FL 32159	406 25 25	ION OFF
ARTICL The name	E VII INCORPORATOR e and address of the Incorporator is:		- C
Name:	E. Kitrinos	ਸ਼ਹ ਰ ਹ	STAT
Address:	360 US Hwy 27/441	,	N ONS
	Lady Lake, FL 32159		
******* Having be this certif.	**************************************	******** for the above stated corporation at the place de nent as registered agent and agree to act in this capacity	signated in
	Required Signature/Registered Agent	<u>8-19-16</u>	
_	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated ho to the Department of State constitutes a third do	erein are true. I am aware that any false information sub egree felony as provided for in s.817.155, F.S.	mitted in a
	E /allen	8-19-16	
_	Required Signature/Incorporator	Date	