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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	



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SECONDARY OF STATE OF AUG 31 A

Office Use Only

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COVER LETTER ?

TO: Charter Section Division of Con						
	ENT REALTY TRUST, IN	1C.				
SUBJECT:	Name of	Resulting Florida	Profit	Corporation		
	e of Conversion, Article: Profit Corporation" in ac			ees are submitted to convert and 15, F.S.	ı "Other B	usiness
Please return all corresp	condence concerning this	s matter to:				
KETLIE DANIELS						
	Contact Person		-			
TAX-MACK USA INC.		·				
	Firm/Company		-		ੜ੍ਹ	E co
9820 NW 7 AVE					FIS.	
	Address	,,,,,,	_		ယ	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MIAMI, FLORIDA 3315	50					
	City, State and Zip Code	e	_		2: 20	
TAXMACK9820 @GMA	AIL.COM				0	UM Im
E-mail address: (t	o be used for future annu	ual report notifica	ition)			
For further information	concerning this matter,	please call:				
KETLIE DANIELS		_at (693-5	195		
Name of Co	ontact Person	Area C	ode and	Daytime Telephone Number		
Enclosed is a check for	the following amount:					
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 Filin and Certified C		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
OTDEET ADDEED			N. F. A. T. T.	INO ADDRESS.		

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Corparchment Realty Trust, INC. / 1400132244	nversion is:	
Enter Name of Other Business Entity	- '	
2. The "Other Business Entity" is a		
(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)		
08/22/2014 on		
Enter date "Other Business Entity" was first organized, formed or incorporated	d	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	rs of which it is 15 AUG 31	now SEC
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporatio	က: 	
PARCHMENT REALTY TRUST, INC.		
Enter Name of Florida Profit Corporation	2: 20	STATE
5. If not effective on the date of filing, enter the effective date:		J
(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 Articifan effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	cles of Incorpo	ration,
listed as the document's effective date on the Department of State's records.		-

, , , , , , , , , , , , , , , , , , ,			
Signed this 22ND day of AUGUST	, 20 16		
Required Signature for Florida Profit Corporation			
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: Printed Name: CORDELIA L ANDERSOITitle: PRESI		n selected, an	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s)).]	
Signature:			
Printed Name: CORDELIA L ANDERSON			
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			<u> </u>
Printed Name:	Title:	35	
Signature:		$\frac{\omega}{-}$	- 1925 1925
Printed Name:	Title:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	2: 20	AGIDA PARE
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:		
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)

The name of the corporation shall be: PARCHMENT REALTY TRUST, INC.			
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
Principal street address 140 S DIXIE HIGHWAY 608	Mailing address, if different is:		_
HOLLYWOOD , FLORIDA 33020			_
ARTICLE III PURPOSE			-
The purpose for which the corporation is organized is:			
FOR PURCHASE AND SALE OF REAL ESTATE			
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ARTICLE IV SHARES The number of shares of stock is:		20	ATE 2104
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS		
Name and Title: CORDELIA L ANDERSON, PRESIDENT	Name and Title:		
Address: 140 S DIXIE HIGHWAY 608			
HOLLYWOOD, FLORIDA 33020	Address:		_
Name and Title:	Name and Title		_
Name and Title:	Name and Title:		-
Address:	Address:		_
Name and Title:	Name and Title		_
Name and Title:	Name and Title:		-
Address:	Address:		_

	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	CORDELIA L ANDERSON	
Address:	140 S DIXIE HIGHWAY 608	
	HOLLYWOOD, FLORIDA 33020	<u>_</u>
<u>ARTICL</u>	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	CORDELIA L ANDERSON	
Address:	140 S DIXIE HIGHWAY 608	
	HOLLYWOOD, FLORIDA 33020	
		
******	********	**********
Having be this certify	een named as registered agent to accept s logte, I am familiar with and accept the a	ervice of process for the above stated corporation at the place designated in oppointment as registered agent and agree to act in this capacity
V	una	8/22/16
	Required Signature/Registered Agent	Date
I submit t	his document and affirm that the facts si	ated 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.
	on M	8/22/16
	Required Signature/Incorporator	Date

SECRETARY OF STATE TALL 16 AUG 31 AH 2: 20