P16000084416

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
·					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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me 10/24/16

COVER LETTER

TG: Charter Section Division of Corporations
SUBJECT: GST Alliance, Corp. Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Shannon St Val Partner Contact Person
6 \$ 5 Team, UC Firm/Company
311 W. 127 th Street Apt. 407 Address
New Yor K, NY 10027 City, State and Zip Code
GS+a Corp egmail. Com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marrie J Charles at (843), 204-2558 Name of Contact Person Area Code and Daytime Telephone Number
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 Certificate of Status □\$113.75 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



RECEIVED

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FLORIDA DEPARTMENT OF STATE Division of Corporations OF STATE O

September 16, 2016

SHANNON ST. VAL 311 W/ 127TH STREET APT 407 NEW YORK, NY 10027

SUBJECT: GST ALLIANCE, CORP. Ref. Number: W16000064166

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

You must list at least one incorporator with a complete business street address.

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 716A00019863

Business Address : 2419 W. Centra Ave. NW WinterHaven, FL 33880

Work from home Both: Marie J. Charles & Shannon Strap

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

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:
Co45 Team, LLC Ex 50
Enter Name of Other Business Entity
Enter Name of Other Business Entity 2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of Amda
on llolu
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: (ST Alliance, Corp. Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 99 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

Signed this _	day of Septem	Her 20 16.			
وست	mature for Florida Profit Corporation:				
Signature of Incorporator: Printed Name	Charman, Vice Chairman, Director, Office Maril Thurs Title: Director	er, or, if Directors or Officers have not be	en selec	cted, an	
Required Sig	pusture(s) on behalf of Other Business E	ntity: [See below for required signature	(s).]		
Signature: _	XXU	<u> </u>			
Printed Name	Shannon Aved	Title: Partner	_		
Signature: _			_		
Printed Name	Cabrile leavell	Title: DUANUL	_		
Signature:	San Carrier Carrier		- I	-	
Printed Name	:	_Title:	100 A	16 00	117.
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Signature: _			ralya.	.5 €	•
Printed Name	:	_Title:		7	
Signature: _					
Printed Name	e:	Title:	 		
	eneral Partnership or Limited Liability I one General Partner.	Partnership:			
	imited Partnership or Limited Liability I FALL General Partners.	Limited Partnership:			
	imited Liability Company: a Member or Authorized Representative.			,	
All others: Signature of	an authorized person.				
Fees Cent	ificate of Conversion: for Florida Articles of Incorporation: ified Copy: ificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			