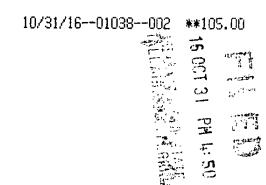
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(Re	equestor's Name)	
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(Ad	Idress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. BURCH NOV 2 2016

COVER LETTER

TO:	Charter Section Division of Con					
SURT	ECT: Local Pet, I	nc.				
5020		Name of	Resulting Florida	Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Cl5, F.S.	Other Business
Please	return all corresp	oondence concerning this	s matter to:			
JB Rot	h, Esq.					
		Contact Person		*		
Roth L	aw Firm					
	· ,, , · · ·	Firm/Company		-		
234 Ca	nal Blvd., Suite 2					
		Address			·	
Ponte '	Vedra Beach, FL 3	2082				
		City, State and Zip Code	e	-		
jb@rot	hlawfirm.net					
E	-mail address: (t	o be used for future annu	ual report notifica	ītion)		
For fu	ther information	concerning this matter,	please call:			
JB Rot	h		_at (595-7	900	
	Name of Co	ontact Person	Area C	ode and	Daytime Telephone Number	
Enclos	ed is a check for	the following amount:				
= \$10	5.00 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	
New F Division Cliftor 2661 E	ET ADDRESS: ilings Section on of Corporation Building Executive Center assee, FL 32301			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

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:	
Local Pet Rx, LLC	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type Example: limited liability company limited partnership	er derent
first organized, formed or incorporated under the laws of	। ইউই ছ নুমন্তিক
	ا موسور ماريخ
February 17, 2016 on	T d
on February 17, 2016 Enter date "Other Business Entity" was first organized, formed or incorporated.	Fig.
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is organized, formed or incorporated:	s now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
Local Pet, 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 filed by the Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorp 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 no listed as the document's effective date on the Department of State's records.	oration

Signe	d thisday of	, 20 <mark></mark> .			
	ired Signature for Florida Profit Corporation				
	ture of Chairman, Vice Chairman, Director, Off borator: d Name: James E Morton III Title: Direct		en selected	, an	
<u>Requi</u>	ired Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]		
Signat	ture: Roll		_		
	d Name:	Title: Authorized Representative	_		
	ture:	`			
-	d Name:		-	6 001	ent l
Signat	ture:		- (1.1)	<u>ယ</u>	ت تن ا
Printe	d Name:	Title:	- July 1	7	is may.
Signat	ture:		- 20.5	ř: 50	e de
Printe	d Name:	Title:	-		
Signat	ture:		_		
Printe	d Name:	Title:			
Signat	dure:				
Printe	d Name:	Title:	-		
	rida General Partnership or Limited Liabilit ture of one General Partner.	y Partnership:		,	
	rida Limited Partnership or Limited Liabilit tures of <u>ALL</u> General Partners.	y Limited Partnership:			
<u>If Flor</u> Signat	rida Limited Liability Company: ure of a Member or Authorized Representative.				
<u>All otl</u> Signat	hers: cure of an authorized person.	•			
Fees:	Certificate of Conversion:	\$35.00			
	Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
Principal street address 1401-B Penman Road		Mailing address, if different is:		
acksonville Beach, FL 32250				
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:		يدر المرافع ال		
Any and all lawful busines		الاستان المراجعة الم المسينيات المراجعة ا	الإهر	
		7.400 CA		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A Company of the Comp	- 1	
		100	; ;	
			\Rightarrow	
				
ARTICLE IV SHARES The number of shares of stock is:				
The number of shares of stock is:	IRECTORS			
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: 1401-B Penman Road	IRECTORS	e: 1401-B Penman Road		
The number of shares of stock is:	IRECTORS Name and Title	Judy L. Wood, VP and Secr.		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: James E. Morton III, Pdt. and Treas. 1401-B Penman Road Jacksonville Beach, FL 32250	IRECTORS Name and Title Address:	Judy L. Wood, VP and Secr. e:		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Divided and Title: James E. Morton III, Pdt. and Treas. 1401-B Penman Road Jacksonville Beach, FL 32250 Name and Title:	IRECTORS Name and Title Address: Name and Title	Judy L. Wood, VP and Secr. e: 1401-B Penman Road Jacksonville Beach, FL 32250		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE Name and Title: James E. Morton III, Pdt. and Treas. 1401-B Penman Road Jacksonville Beach, FL 32250 Name and Title:	IRECTORS Name and Title Address: Name and Title Address: Address:	e:		

	e and Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	Roth Law Firm PL		month of the second
Address:	234 Canal Blvd., Suite 2		80 TT
	Ponte Vedra Beach, FL 32250		معلد بالمحال
ARTICL	E VII INCORPORATOR and address of the Incorporator is:		PH THE
Name:	James E. Morton III		
Address:	1401-B Penman Road		A
	Jacksonville Beach, FL 32250		
Having be	ven named as registered agent to accept service of pro icate, I am familiar with and accept the appointment a	ocess for the above stated corporation	at the place designated in
nis verigi	Coule, I am jamitair with and accept the appointment of	is regisierea agent ana agree to act th 10/26/2016	this capacity
	Required Signature/Registered Agent	Date	_
submit ti locument	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false it felony as provided for in s.817.155, F.	nformation submitted in a .S.
	0000	10/26/2016	
	Required Signature/Indorporator	Dat	- le