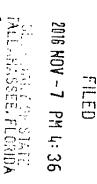
P160000089955

(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:
WHG-64819
Office Use Only



500290093835

09/16/16--01019--016 **122.50



V HERRING NOV - 9 2016

COVER LETTER

TO:

Charter Section

Division of Cor	rporations				
Casper Cons	struction Co.				
SUBJECT:	Name of	Resulting Florida	Profit (Corporation	
	e of Conversion, Articles Profit Corporation" in ac			res are submitted to convert an "Oth .5, F.S.	er Business
Please return all corresp	ondence concerning this	s matter to:			
Amanda Casper					
	Contact Person				
Casper Construction Co.					
	Firm/Company				
1224 E Paris St.					
	Address				
Tampa, Florida, 33604					
	City, State and Zip Code	e			
Acasper1514@gmail.con	n				
E-mail address: (t	o be used for future annu	ual report notificat	ion)		
For further information Amanda Casper	concerning this matter,	please call: 813	065 (0504	
Amanua Casper		_at (965-()		
Name of Co	ontact Person	Area Co	de 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 Filing and Certified Co		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301			New Fi Divisio P. O. B	ING ADDRESS: dlings Section on of Corporations fox 6327 assee, FL 32314	



September 20, 2016

AMANDA CASPER 1224 E PARIS ST. TAMPA, FL 33604

SUBJECT: CASPER CONSTRUCTION CO.

Ref. Number: W16000064819

We have received your document for CASPER CONSTRUCTION CO. and your check(s) totaling \$122.50. 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: 416A00020106

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

2016 NOV -7 PM 4: 36

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.

	Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Casper Homes LLC	16-199513
	Enter Name of Other Business Entity
2. The "Other Business E	limited liability company tity" is a
(E	er entity type. Example: limited liability company, limited partnership, neral partnership, common law or business trust, etc.)
first organized, formed or	Florida ncorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
	(Enter state, or if a non-U.S. entity, the name of the country)
07-08-2016 on	
Ente	date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of th	"Other Business Entity" was changed, the state or country under the laws of which it is now
organized, formed or inco	porated:
organized, formed or inco	Profit Corporation as set forth in the attached Articles of Incorporation:
4. The name of the Florid	porated:

Signed thisday of	, 20			
Required Signature for Florida Profit Corporation	on:			
Signature of Chairman, Vice Chairman, Director, O Incorporator: Printed Name: Ryan Casper Title: Pmanda Casper Title: Required Signature(s) on behalf of Other Busine	orporato/		ed, an	
Signature:	SS EMILY: [See below for required sign	aturc(s).]		
Printed Name: Ryan Casper	MGR Title:			
Amanda Casper Printed Name:	Authorized Person Title:			
Signature:		·····		
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:		2016	
Signature:			- AON	-n
Printed Name:	Title:	XX	-7 PM	FILED
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	FLORID	M 4: 36	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:	>-	0,	
If Florida Limited Liability Company: Signature of a Member or Authorized Representativ	e.			
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)			

Page 2 of 2

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

ARTICLE I NAME Casper Const The name of the corporation shall be:	truction Co.	Caspe.	r Home.	s Inc.
	······· •		• • • • • •	
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:	:			
Principal street address 1224 E Paris St.		Ŋ	Mailing address,	if different is:
Tampa, Florida				
33604				
ARTICLE III PURPOSE				
The purpose for which the corporation is organiz				
A single officer construction company, to renovate an	nd build houses.			
			· · · · · · · · · · · · · · · · · · ·	
				
	agrants and a			200
				2016
				§
ARTICLE IV SHARES				7-7 ASS
The number of shares of stock is:				-7 PM
ARTICLE V INITIAL OFFICERS AND	OR DIRECTO	RS		
Ryan Casper CEO Name and Title:				36 Alba
1224 E Paris St		ne and Title:_		
Address:	Add	ress:		
Tampa, Fl 33604				
Name and Title:	Nam	ne and Title:_		
Address:				
		_		
Name and Title:		e and Title:		
Name and Title:				
Address:	Add	ress:		75° F.W

	E VI REGISTERED AGENT	
The <u>name</u>	e and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	Amanda Casper	FILED
Address:	1224 E Paris St	2016 NOV -7 PM 4: 36
	Tampa, FI 33604	
		FALL MASSEE. FLORIDA
ARTICL		<i>₹</i> ,
The <u>name</u>	e and address of the Incorporator is:	
Name:	Amanda Casper	
Address:	1224 E Paris st	
	Tampa Fl 33604	
	**************************************	**************************************
		09.12.2016
	Required Signature/Registered Agent	Date
	this document and affirm that the facts stated herein t to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in a felony as provided for in s.817.155, F.S.
		09.12.2016
	Required Signature/Incorporator	Date