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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 17 2016  
T. SCOTT



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## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** LEMASTER INCORPORATED

\_\_\_\_\_  
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:

TRACY LEMASTER

\_\_\_\_\_  
Contact Person

LEMASTER INCORPORATED

\_\_\_\_\_  
Firm/Company

PO BOX 10358

\_\_\_\_\_  
Address

BROOKSVILLE FL 34603

\_\_\_\_\_  
City, State and Zip Code

tracy@lemasteriwm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy LeMaster

at ( 352 ) 799-3432

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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 **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:

LEMASTER INCORPORATED

- FISUUNUOYSS

Enter Name of Other Business Entity

2. The "Other Business Entity" is a FOREIGN CORPORATION

(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 NORTH CAROLINA

(Enter state, or if a non-U.S. entity, the name of the country)

on 05/28/2014

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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

LEMASTER INCORPORATED

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 Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, 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 not be listed as the document's effective date on the Department of State's records.

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Signed this 10 day of NOVEMBER, 2016.

**Required Signature for Florida Profit Corporation:**

Signature of ~~Chairman, Vice-Chairman, Director~~, Officer, or, if Directors or Officers have not been selected, an Incorporator: Tracy Lemaster

Printed Name: TRACY LEMASTER Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Tracy Lemaster

Printed Name: TRACY LEMASTER Title: PRESIDENT

Signature: Rebecca Lemaster

Printed Name: REBECCA LEMASTER Title: SECRETARY

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

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
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I    NAME**

The name of the corporation shall be: LEMASTER INCORPORATED

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

10080 COBB RD

BROOKSVILLE FL 34601

Mailing address, if different is:

PO BOX 10358

BROOKSVILLE FL 34603

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TRACY LEMASTER, PRESIDENT

Address: 11089 ANCIENT TRAIL

BROOKSVILLE FL 34601

Name and Title: REBECCA LEMASTER, SECRETARY

Address: 11089 ANCIENT TRAIL

BROOKSVILLE FL 34601

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: TRACY LEMASTER  
Address: 11089 ANCIENT TRAIL  
BROOKSVILLE FL 34601

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: TRACY LEMASTER  
Address: PO BOX 10358  
BROOKSVILLE FL 34603


\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

11-10-16  
Date

*I submit this document and affirm that the facts stated 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.*

  
Required Signature/Incorporator

11-10-16  
Date