P16000093436

| (Requ | estor's Name) | |
|-----------------------------|----------------|-------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/S | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Na | me) |
| | | |
| (Docu | ment Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
| | | j |
| | | |
| | | |
| | | |

Office Use Only



300290834553

11/07/16--01018--024 **105.00

W11-76754



T. BURCH NOV 28 2016

COVER LETTER

| TO: | Charter Section Division of Cor | | | | | |
|-------------------------------------|--|--|------------------------------------|------------------------------|---|-------|
| CHDI | KEYSTONI | E TECHNOLOGIES LLC | INC | | | |
| SUBJ | ECT: | Name of | Resulting Florida | Profit (| Corporation | |
| | | e of Conversion, Articles Profit Corporation" in ac | | | es are submitted to convert an "Other Busi 5, F.S. | iness |
| Please | return all corresp | ondence concerning this | s matter to: | | | |
| STEPI | HEN K FRY | | | | | |
| | | Contact Person | | | | |
| KEYS | TONE TECHNOL | OGIES LLC | | | | |
| | | Firm/Company | | | | |
| 1400 F | ALCONS DR | | | | | |
| | | Address | | | | |
| WALI | HALLA SC 29691 | | | | | |
| | | City, State and Zip Code | e | | | |
| | Steve@ E-mail address: (t | Keystone tech | n USA. CON ual report notificat | (tion) | | |
| For fu | rther information | concerning this matter, | please call: | | | |
| STEP | HEN K FRY | | at (843 | 408-8 | 193 | |
| | Name of Co | ontact Person | | ode and | Daytime Telephone Number | |
| Enclo | sed is a check for | the following amount: | | | | |
| = \$10 | 95.00 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 | |
| New I Divisi Clifto 2661 I | ET ADDRESS: Filings Section on of Corporation in Building Executive Center lassee, FL 32301 | Circle | | New F Division P. O. B | ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314 | |



November 14, 2016

STEPHEN K FRY 1400 FALCONS DR WALHALLA, SC 29691

SUBJECT: KETSTONE TECHNOLOGIES LLC INC

Ref. Number: W16000076758

We have received your document for KETSTONE TECHNOLOGIES LLC INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the suffix LLC from the corporations name.

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.

Letter Number: 116A00024319

Tim Burch Regulatory Specialist III

www.sunbiz.org

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 Con- KEYSTONE TECHNOLOGIES LLC | versio | n is: | |
|---|-----------------|-----------------|---|
| Enter Name of Other Business Entity | 50 | 4 | |
| 2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY | | ර ඤ | Samely jours |
| (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) | ALASSI MASSI | 16 NOV 28 | PAGENTAL AND CONTRACTOR OF THE |
| FLORIDA first organized formed or incorporated under the laws of | [TI -: | PH | - Tana |
| first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country) | ST. | Ü | gmaich) Cannadh |
| 8-18-2014 on | F STATE | <u>ي.</u> ت. | -dili:- |
| 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 laws organized, formed or incorporated: N/A | s of wh | ich it | is now |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation | <u>n:</u> | | |
| KEYSTONE TECHNOLOGIES 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 Department of State; AND 2) must be the same as the effective date listed in the attached Articist an effective date is disted therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records. | cles of l | Incor | poration, |

| Signed this 23 day of NOVEMBER | . 20 16 | | |
|--|--|----------------|---------------|
| Required Signature for Florida Profit Corporation: | | | |
| Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: STEPHEN K FRY Title: PRESIDENT OF THE PR | cer, or, if Directors or Officers have not bee | n selected, an | |
| Required Signature(s) on behalf of Other Business | | | |
| Signature: Stephen K tuy | | | |
| Printed Name: STEPHEN K FRY | Title: MEMBER | | |
| Signature: | | | |
| Printed Name: | | | |
| Signature: | | | |
| Printed Name: | Title: | AND DE STATE | د 11 طد |
| Signature: | | | ir. |
| Printed Name: | Title: | | na الم |
| Signature: | | DA B | |
| Printed Name: | | | |
| Signature: | | | |
| Printed Name: | | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability | | | |
| Signatures of ALL General Partners. | Limited Farthersing: | | |
| 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)

| ARTICLE II PRINCIPAL OFFICE | |
|---|--|
| The principal place of business/mailing address is: | |
| Principal street address 2220 COUNTY RD 210 WEST | Mailing address, if different is: |
| SUITE 108 PMB 426 | 1400 FALCONS DR |
| ST JOHNS FL 32259 | WALHALLA SC 29691 |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is | |
| to continue the operation of a business that was originally | registered with the FL Secretary of State as an LLC. The LLC has |
| elected to be taxed as an S Corporation with the IRS and a | as such is required to organize as a corporation in Florida. |
| | N 28 |
| | To P |
| | |
| | 三 |
| | |
| | > |
| ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: STEPHEN K FRY PRESIDENT 1400 FALCONS DR WALHALLA SC 29691 Name and Title: | DIRECTORS Name and Title: Address: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: STEPHEN K FRY PRESIDENT 1400 FALCONS DR WALHALLA SC 29691 | DIRECTORS Name and Title: Address: Name and Title: Address: |
| The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: STEPHEN K FRY PRESIDENT 1400 FALCONS DR WALHALLA SC 29691 Name and Title: Address: | DIRECTORS Name and Title: Address: Name and Title: Address: |

| <u>ARTICL</u> | <u>E VI REGISTERED AGENT</u> | | |
|---------------|---|---|--|
| The name | and Florida street address (P.O. Box No | OT acceptable) of the registered agent is: | |
| Name: | STEVEN K FRY | | |
| Address: | 2200 COUNTY RD WEST STE 108 | | |
| | ST JOHNS FL 32259 | V ON CAR | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| <u>ARTICL</u> | E VII INCORPORATOR | | and the second s |
| The name | and address of the Incorporator is: | E R | 4 |
| Name: | STEPHEN K FRY | | Aradia. |
| Address: | 1400 FALCONS DR | | |
| | WALHALLA SC 29691 | | |
| *** | • | ********* ervice of process for the above stated corporation at the place of process for the above stated corporation at the place of | • |
| | Steph Bylan | 11/23/2016 | |
| | Required Signature/Registered Agent | Date | |
| | | ated herein are true. I am aware that any false information so hird degree felony as provided for in s.817.155, F.S. | ubmitted in a |
| | Stighenktry | 11/23/2016 | |
| | Required Signature/Incorporator | ' Date | |