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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

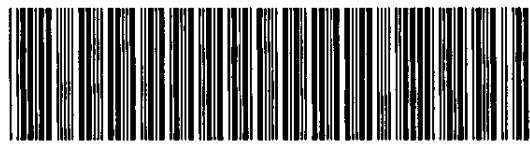
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. BURCH
DEC 12 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Morrison Contractors & Consultants Inc.
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:

Lloyd Morrison

Contact Person

Morrison Contractors & Consultants Inc.

Firm/Company

4696 Alhama St.

Address

Orlando, FL 32811

City, State and Zip Code

MorrisonContractorsConsultants@gmail.com

E-mail address: (to be used for future annual report in)

For further information concerning this matter, please call:

Lloyd Morrison at (904) 412-9947
Name of Contact Person Area Code and Da

Enclosed is a check for the following amount:

\$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 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**

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:

Morrison Contractors & Consultants, 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, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

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

on May 23, 2016

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**:

Morrison Contractors & Consultants, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: Decemeber 12, 2016.

(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 6th day of December, 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: Lloyd Morrison
Printed Name: Lloyd Morrison Title: CEO

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

Signature: Lloyd Morrison
Printed Name: Lloyd Morrison Title: Sole Proprietor

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)

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

ARTICLE I NAME

Morrison Contractors & Consultants, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
4696 Alhama St.
Orlando, FL 32811

Mailing address, if different is:
3600 Cragstone Rd.
Lithonia, GA 30038

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is formed for the purpose of general contract labor (residential or commercial) and negotiations and any or all other lawful business purposes for which corporations may be formed.

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ARTICLE IV SHARES

The number of shares of stock is: _____ 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lloyd Morrison, CEO Name and Title: _____

Address: 3600 Cragstone Rd. Address: _____
Lithonia, GA 30038

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Lloyd Morrison

Address: 4696 Alhama St.

Orlando, FL 32811

ARTICLE VII INCORPORATOR

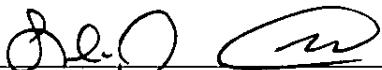
The name and address of the Incorporator is:

Name: Lloyd Morrison

Address: 3600 Cragstone Rd.

Lithonia, GA 30038

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

12/6/2016

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

12/6/2016

Date