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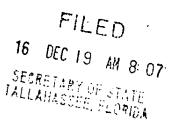
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SECRETABLE FOR THE



1301 Plantation Island Drive, Suite 304St. Augustine, Florida 32080

(904) 823-3333 www.JacksonLawGroup.com



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Master of Laws (LLM.) in Taxation

December 14, 2016

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Conversion of Defenshield, Inc.

To Whom it May Concern:

This law firm represents Defenshield, Inc. with respect to its conversion from a foreign corporation to a Florida corporation. We are enclosing the Certificate of Conversion for Other Business Entity into Florida Profit Corporation along with the enclosed Articles of Incorporation. You will also find enclosed the check for the \$105.00 filing fee.

Please contact my office if you have any issues, questions, or concerns.

Thank you for your time.

Respectfully,

JACKSON LAW GROUP

Ryan Williams, Esc

## **COVER LETTER**

TO:	Charter Section Division of Con					
SURI	ECT: Defenshield	, Inc.				
5020	2011	Name of	Resulting Flo	rida Profit	Corporation	
The en	nclosed Certificat "into a "Florida	e of Conversion, Articles Profit Corporation" in ac	s of Incorpora cordance with	tion, and fe n s. 607.11	ees are submitted to convert an "Other Busir 15, F.S.	ıess
Please	return all corresp	oondence concerning this	s matter to:			
Ryan	Williams					
		Contact Person		<del></del>		
Jackso	on Law Group					
	· · · · · · · · · · · · · · · · · · ·	Firm/Company				
1301	Plantation Island D	rive, Suite 304				
		Address		<del></del>		
St. At	igustine, Florida 32	080				
	-	City, State and Zip Cod	e			
rwillia	ams@jacksonlawgr	oup.com				
	E-mail address: (t	o be used for future ann	ual report noti	fication)		
For fu	rther information	concerning this matter,	please call:			
Ryan	Williams		904 at (	823-3	333	
	Name of C	ontact Person		a Code and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
<b>5</b> \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 F and Certifie	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	ET ADDRESS: Filings Section on of Corporation in Building Executive Center nassee, FL 32301	Circle		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Certificate	of	Conversion
	Fο	r

"Other Business Entity" Into

FILED

Florida Profit Corporation 16 DEC 19 AM 8: 0

SECRETARY OF CTATE
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:
Defenshield, Inc.
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
(Enter state, or if a non-U.S. entity, the name of the country)
March 11, 2002
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:
New York
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :  Defenshield, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  [The off-stimulation 1]
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State; <u>AND</u> 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

Page 1 of 2

listed as the document's effective date on the Department of State's records.

Signed this 13 day of December	20
Required Signature for Florida Profit Corporation	<u>:</u>
Signature of Chairman, Vice Chairman, Director, Offi Incorporator:  Printed Name: William Collins White Title: Preside	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Printed Name: William Collins White	Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
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)

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ARTICLE 1 NAME Defenshield, I	nc 16 pro
The name of the corporation shall be:	nc. 16 DEC 19 AM 8: (
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE
The principal place of business/mailing address is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal street address 7000 US Hwy 1 N, Suite 401	Mailing address, if different is:
St. Augustine, Florida 32095	
ARTICLE III PURPOSE  The purpose for which the corporation is organized.	ed is:
All lawful purposes.	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/C	OR DIRECTORS
Name and Title: William Collins White, President	Name and Title:
Address: 7000 US Hwy 1 N, Suite 401	Address:
St. Augustine, Florida 32095	
Name and Title:	Name and Title:
Address:	A 11
Name and Title:	•
Address:	Address:

St. Augustine, Florida 32080  RTICLE VII INCORPORATOR  e name and address of the Incorporator is:  William Collins White  7000 US Hwy 1 N. Suite 401	Name:	Jackson Law Group	_
Refuired Signature/Registered Agent  INCORPORATOR  e name and address of the Incorporator is:  William Collins White  7000 US Hwy 1 N, Suite 401  St. Augustine, Florida 32095  St. Augustine, Florida 32095  Exercised the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place designs of the service of process for the above stated corporation at the place d	Address:	1301 Plantation Island Drive, Suite 304	
William Collins White  Tool US Hwy 1 N, Suite 401  St. Augustine, Florida 32095  St. Augustine, Florida 32095  St. Augustine, Florida 32095  Required Signature/Registered Agent  Required Signature/Registered Agent  Date  Tournel I am aware that any false information submitted.		St. Augustine, Florida 32080	_
William Collins White  7000 US Hwy 1 N, Suite 401  St. Augustine, Florida 32095  St. Augustine, Florida 32095  St. Augustine, Florida 32095  Augusti			
Tool US Hwy 1 N, Suite 401  St. Augustine, Florida 32095  St. Augustine, Florida 32095  The string been named as registered agent to accept service of process for the above stated corporation at the place designs of scertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  The string been named as registered agent to accept the appointment as registered agent and agree to act in this capacity  Date	The <u>name</u>	and address of the Incorporator is:	
St. Augustine, Florida 32095  ***********************************	Name:	William Collins White	
Required Signature/Registered Agent  which is the place designation of the place designation at the place designation of	Address:	7000 US Hwy 1 N, Suite 401	
Required Signature/Registered Agent  ubmit this document and affirm that the facts stated herein are true. I am aware that any false information submitted.		St. Augustine, Florida 32095	
ubmit this document and affirm that the facts stated herein are true. I am aware that any false information submitto			
Marie Department of state constitutes a mina degree fetony as provided for in \$1017,133, 1 is.		cate, I am familiar with and accept the a	pointment as registered agent and agree to act in this capacity
ONIT A 2-	this certifi	Required Signature/Registered Agent	pointment as registered agent and agree to act in this capacity  Date  The description of the capacity of the
		cate, I am familiar with and accept the a	pointment as registered agent and agree to act in this capac
	this certifi	Required Signature/Registered Agent	pointment as registered agent and agree to act in this capacity

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