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SECRETARY OF STATE

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### COVER LETTER

10:	Division of Co			
SUBJI	ЕСТ:		O FACTORY	
		Name of	Resulting Florida Pro	fit Corporation
		e of Conversion, Articles Profit Corporation" in ac	•	d fees are submitted to convert an "Other Business 1115, F.S.
Please	return all corresp	ondence concerning this	s matter to:	
	ALDON	BAKER Contact Person		
		Contact Person		
		Fi/Commons		
		Firm/Company		
	12742	KATHERINE Address	CIRCLE	
	CLERMON	VT FL 347 City, State and Zip Code	<u>//</u>	
<i>L</i>	-TEBAKER -mail address: (t	777 @ AOL. COP o be used for future annu	1 ual report notification	)
For fur	ther information	concerning this matter,	please call:	
	LIZ BAKE Name of Co	R	at ( <u>950</u> ) Area Code	212-7406 and Daytime Telephone Number
Enclos	ed is a check for	the following amount:		
<b>Z.\$</b> 10:	5.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fe and Certified Copy	es \$\Bigsigs\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F Division Clifton 2661 E	ET ADDRESS: ilings Section on of Corporation Building executive Center	Circle	Nev Div P. (	w Filings Section ision of Corporations D. Box 6327 lahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2016

ALDON BAKER 12742 KATHERINE CIRCLE CLERMONT, FL 34711

SUBJECT: BAKER'S PRO FACTORY, INC.

Ref. Number: W16000081408

We have received your document for BAKER'S PRO FACTORY, 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):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 816A00025840

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

16 DEC 23 AM 9: 40

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:
BAKER'S PRO FACTORY LLC
BAKER'S PRO FACTORY, LLC Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC  (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 <u>FLORYDA</u> (Enter state, or if a non-U.S. entity, the name of the country)
on
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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
BAKER'S PRO FACTORY INC.  Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 12-1-16  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida

Signed this 23 RD day of November	, 20					
Required Signature for Florida Profit Corporation:						
Signature of Chairman, Director, Officer Incorporator:  Printed Name: AREA BAKER Title: PRES.	r, or, if Directors or Officers have not been selected, an					
,						
Required Signature(s) on behalf of Other Business En	itiv: [See below for required signature(s).]					
Printed Name: ALDON BAKER	Tide: MGR					
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 Partnership: Signature of one General Partner.						
If Florida Limited Partnership or Limited Liability L. Signatures of ALL General Partners.	imited Partnership:					
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.						
All others: Signature of an authorized person.						
	\$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 The name of the corporation shall be: BAKER'S /	PRO FACTORY, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
12742 KATHERINE CIRCLE	
CLERMONT, FL 34711	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	16 ΓΑΙ:
ANY LEGAL AND LAWFUL AC	
	23 ************************************
	9: LONGO 9: LO
	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV SHARES The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS
•	Name and Title: ELIZABETH BAKER, SECRETAR
Address: 12742 KATHERINE CIRCLE	Address: 12742 KATHERINE CIRCLE
CLERMONT, FL 34711	CLERMONT, FL 34711
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI The name and FI				ι Γ acceptal	ble) of the reg	gistered age	nt is:		
Name: A	mn B	9K.ER		_					
Address: 127	742 K	ATHERIN	E CIRC	LE					
CI	ERMINT	FL 34	7//	ı					
ARTICLE VII The name and ad		PORATOR Incorporato	•						
Name: AL	Den BA	KER							
Address: 12	742 K	ATHERINE	CIRCL	E					
<u>C</u>	LERMON	T, FL 3	4711						
Having been nan									lesignated in
	Ma	for				30	Nov	16	
Requ	irod Signate	re/Registered	Agent				Date		
I submit this docu document to the l									bmitted in a
	Ma	h				30	Nov	<b>/</b> 6.	
Reap	ired Signate	re/Incorpora	tor					Date	

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