# P1700000082

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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#### **COVER LETTER**

TO:	Charter Section Division of Cor	porations			1
SUBJE	ECT:	Sunglass	ONFI	Hers IIIC	or foragei
		Name of	Resulting Florida Pro	ofit Corporation	
		e of Conversion, Articles Profit Corporation" in ac			convert an "Other Business
Please	•	ondence concerning this			
	FAMILY.	Contact Person	DWARD	ISIN	
		SS ONTFIHER			
		West K	_	3	
<u> </u>	AMPa	FL 33 City, State and Zip Code	609		
$\frac{\widehat{\mathcal{L}}}{E}$	-Mail address: (t	o be used for future annu	3 lass Ou+1	cites. Ca	Μ
For fur	ther information	concerning this matter, j	please call:		
£	Bolle I	ontact Person	_at (	652 676 and Daytime Telephon	e Number
	ed is a check for	the following amount:			
<b>5</b> \$10:	5.00 Filing Fees	3113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fe and Certified Copy	ces \$\square\$\$\$\$122.50 Filing I Certified Copy, an Certificate of State	ıd
New Find Division Clifton	ET ADDRESS: ilings Section on of Corporation Building xecutive Center		Ne Div P. (	w Filings Section vision of Corporations D. Box 6327 lahassee, FL 32314	

Tallahassee, FL 32301

## 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 Conversion is:
Sunglass Outfitters LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Cincility Company (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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on November 27, 2012  Enter date "Other Business Entity" was first organized, formed or incorporated
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 <u>attached Articles of Incorporation</u> :
Sunglass Ontritters, Incorporated  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:
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.

Signed this 29 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:  Printed Name: Title: Co.O.			
Required Signature(s) on behalf of Other Rusiness Entity: [See below for required signature(s)]			
Signature: Daviere Smarty			
Signature: Printed Name: MARIENE SWATZTitle: MGRM			
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 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)

The name of the corporation shall be:	ass () when the co	1- Corporar
ARTICLE II PRINCIPAL OFFICE		
he principal place of business/mailing address is:		
Principal street address	Mailing address, if d	ifferent is:
4315B W. Kennedy Blue TAMPA, FL 33669	]	
TAMPA, FL 33669		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  AWY AWJ AN LAW	Business.	FIL SECRETARY ALLAHASS
		ੁੱ 
	· · · · · · · · · · · · · · · · · · ·	
	million	
The number of shares of stock is:		
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR AND SWAITZ WE Name and Title:  Jason Swaitz	CTORS O - `Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRE  Name and Title: Jason Swarz WE	CTORS O - `Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRE  Name and Title: Tason Swarz WE	CTORS O - `Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR OF SUBJECT	Name and Title: Address: Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRE  Name and Title: Jason Swartz (LE)  Address: 4315 B W. Kennedy B  Name and Title: Edward Isin (C-0)	Name and Title:  Name and Title:  Address:  Address:  Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRE  Name and Title: Jason Swartz W.  Address: 4315B W. Kennedy B.  Name and Title: Edward Isin (C-O)  Address: 4315B W. Kennedy  Address: 4315B W. Kennedy	Name and Title:  Name and Title:  Address:  Address:  Address:	

ARTICL	E VI REGISTERED AGENT
The <u>name</u>	e and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Eduard Irin
Address:	4315B West Kennedy Blod
	Eduard Isin 4315B West Kennedy Blod JAMPa, FL 33609
	E VII INCORPORATOR
	e and address of the Incorporator is:
	· · · · · · · · · · · · · · · · · · ·
Name:	Edward Isin CAINE
	4315B West Kennedy Blva St.
	Tampa, FL 33609
******* Having be	**************************************
this certifi	icate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
	12/29/16
/	Required Signature/Registered Agent Date
	this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
_	12/29/16
	Required Signature/Incorporator Date
_	