## F5400000419

(Red	questor's Name)
(Add	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:

Office Use Only



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JECRETARY OF STATE ALLAHASSEE FLORIDA

## **COVER LETTER**

TO:

**Charter Section** 

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations
SUBJECT: International Watker Zatum (offer 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:
Colleen A. Bittelman Contact Person
Colleen A. Bittelman Firm/Company
12950 SW. 13th ST. D303
Pembrote Pines Fl 33027 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Colleen Bitte Will at 916 745-2879  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status  \$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section  MAILING ADDRESS: New Filings Section

Seenote why filing fee not enclosed.

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

## 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:
International word Corporation
Enter Name of Other Business Entity
2. The "Other Business Entity" is a 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 Colorado
(Enter state, or if a non-U.S. entity, the name of the country)
on 3-5-1997
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:  The name of the Florida Profit Corporation  Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 12 27 16.  (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.

Page 1 of 2

16 JAN -4 AM 7: 15
SECRETARY OF SIGIE
TALLAHASSEE, FLURIDA

Signed this had ay of Many	<u>, 20 20/f</u>
Required Signature for Florida Profit Corporation:	
Incomposition 100 Engl MENI 165	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business E	Entity: [See below for required signature(s).]
Signature: / // // // // // //	
Printed Name: DREN MANILYS	Title: CEO
Signature: That Mall	<del></del>
Printed Name HARVEY SCHOLF	Title: DIRECTOR
Signature: Estar Sullilar	
Printed Name: ESTER BITTLE MAN	Title: DIR, CORPSEC
Signature: July House	Q./
Printed Name: ANDREW WARRISON	Title: D; R / C00
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)

The name of the corporation shall be: International Wather 2 ation Coop.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
Principal street address 12950 SW. 13th Street  Mailing address, if different is:
D363
tembroke lines Fl 33027
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
any and all legal activity.
ARTICLE IV SHARES The number of shares of stock is: 50 million shares
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: BOU Schuhrtz 1825 Direct Rame and Title: Stelle Tooley-Director
Address: 2637 E. Atlantic Blul Address: 2637 E. Othertic Blul Ste 1011
Ste 1011 Pompana Beach, F1 33062 Pompano Beach F1 33027
Name and Title: Estrer Bitteman Secretary Name and Title:
Address: 12950 SW 13+h5T D303 Address:
Name and Title: Ollegn Bitk Man. alt Secretary Director
Address: 12950 SW 13th ST D 303 Address:
Pembroko Pine = Pl 33027

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Harvey Scholl Esq.
Address: 2637 East attentice Birth Stc 1011
Pompono Bach F1 32062
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Ectuar Potte Iman
Address: 12950 SW 13th ST D303  Pembrole lines FT 33027
Address: 12450 500 1311151 12302
rembrile times 1 33001
**************************************
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
1) 9 100 6 1
Harvey Schull Eg  Regulred Signature/Registered Rigent  Date
Required Signature/Registered Regent 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.
Edu Man 12-26-16 Required Signature/Incorporator Date
Required Signature/Incorporator Date