P17000018968

(Re	questor's Name)	
(Ad	ldress)	
(Δα	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. BURCH MAR 2 2017

COVER LETTER

TO: Charter Section Division of Co					
SUBJECT: EJ's Hospit	ality Group Inc				
SUBJECT.	Name of	Resulting Flor	ida Profit	Corporation	
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to convert ar	ı "Other Business
Please return all corres	spondence concerning this	s matter to:			
Ethan Smith					
	Contact Person				
	Firm/Company				
439 Mondra Court					
	Address				
Lakeland, Florida 33809	1				
	City, State and Zip Cod	e	<u> </u>		
ethanmsmith@hotmail.c	om				
E-mail address:	to be used for future annu	ual report notif	ication)		
For further information	n concerning this matter,	please call:			
Ethan Smith		_at (698-8	468	
Name of C	Contact Person	Area	Code and	l Daytime Telephone Number	
Enclosed is a check fo	r the following amount:				
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS New Filings Section Division of Corporatio Clifton Building 2661 Executive Center	ons	7	New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



February 7, 2017

ETHAN SMITH 439 MONDRA COURT LAKELAND, FL 33809

SUBJECT: EJ'S HOSPITALITY GROUP INC

Ref. Number: W17000010887

We have received your document for EJ'S HOSPITALITY GROUP 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Tim Burch Regulatory Specialist III

Letter Number: 817A00002422

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 Co	nversio	n is:	
EJs Indoor Sports LLC			
Enter Name of Other Business Entity		17 t	
2. The "Other Business Entity" is a limited liability company	至直	MAR -	מר
general partnership, common law or business trust, etc.)	SSEE. F	_	TED
first organized, formed or incorporated under the laws of Florida	<u> </u>	AH 10: 47	_
(Enter state, or if a non-U.S. entity, the name of the country)	高高	<u>_</u>	
March 16, 2016 on	7.	_	
Enter date "Other Business Entity" was first organized, formed or incorporate	ed		
 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation 		ich it	is now
E.J's Hospitality Group Inc	<u></u>		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document Department of State; AND 2) must be the same as the effective date listed in the attached Arti if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	icles of l	Incor	poration,
listed as the document's effective date on the Department of State's records.			

Signed	this	_day of	, 20	
<u>Requir</u>	ed Signature fo	or Florida Profit Corporation	<u>n:</u>	
Signatu Incorpo Printed	re of Chairman, orator:	Vice Chairman, Director, Off	ficer, or, if Directors or Officers have not	been selected, an
			s Entity: [See below for required signatu	ure(s).]
Signatu	ire: Etta	Smill		
Printed	Name: Ethan Sm	nith	Title: Owner	
Signatu	ire:	ial Sill		
Printed	Name: Jenna Sm	nith	Owner Title:	
Signatu	are:			
Printed	Name:		Title:	
Signatu	ire:			_ 22 3
Printed	Name:		Title:	MAR .
Signatu	ire:			AND A FILE
Printed	Name:		Title:	AM IO:
Signatu	ıre:			5
Printed	Name:		Title:	
	ida General Par ire of one Gener	rtnership or Limited Liabili al Partner.	ty Partnership:	
	ida Limited Par ires of <u>ALL</u> Ger	rtnership or Limited Liabili neral Partners.	y Limited Partnership:	
		bility Company: or Authorized Representative		
All oth Signatu	ers: are of an authoriz	zed person.		
Fees:	Certificate of C Fees for Florida Certified Copy. Certificate of S	a Articles of Incorporation:	\$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)

The name of the corporation shall be: EJ's Hospitality Gro	oup Inc
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
439 Mondra Court	
Lakeland, FL 33809	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	:
for the purchase and operation of businesses	
	7.50
	\$ 7
	SET OF SET, FL
	FFS D
ARTICLE IV SHARES The number of shares of stock is: 100,000	
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS
Ethan Smith President/CEO Name and Title:	Name and Title:
Address: 439 Mondra Court	Address:
Lakeland, FL 33809	
Name and Title:	Name and Title:
Address:	A 11
Name and Title:	
Name and Title:	Name and Title:
Address:	Address:

ARTICL	E VI REGISTERED AGENT		
The name	e and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	David Smith		
Address:	439 Mondra Court		1
	Lakeland, FL 33809		MAR AHA
<u>ARTICL</u>	E VII INCORPORATOR		SSE SSE SANCE OF THE STATE OF T
The <u>name</u>	e and address of the Incorporator is:		A D
Name:	Ethan Smith		0.4 0.4
Address:	439 Mondra Court		3.
	Lakeland, FL 33809		
******* Having be this certifi	**************************************	**************************************	on at the place designated in in this capacity
Dar	rd & Smith	2/2/2017	
	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herein a to the Department of State constitutes a third degree		
Eth	2 Smill	2/2/2017	
	Required Signature/Incorporator		Date