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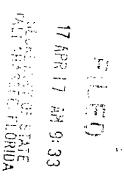
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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COVER LETTER

TO:	Charter Section Division of Cor					
CHDI		VELOPMENTS, Inc.				
3000	ECT.	Name of	Resulting Flo	orida Protit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ces are submitted to convert ar	1 "Other Business
Please	e return all corresp	ondence concerning this	s matter to:			
Cheye	enne Moseley					
		Contact Person				
Legalz	zoom.com, Inc.					
		Firm/Company				
101 N	Brand Blvd 11th F	loor				
		Address				
Glend	ale, CA 91203					
		City, State and Zip Cod	е			
krieg.v	will@gmail.com					
	E-mail address: (1	o be used for future annu	ial report not	ification)		
For fu	rther information	concerning this matter,	please call:			
Cheye	enne Moseley		_at (773-0	888 ext 9724	
-	Name of Co	ontact Person	Arc	ea Code and	l Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
= \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 Fand Certifie		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifton	EET ADDRESS: Filings Section on of Corporation on Building Executive Center			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 ussee, 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.

on is:
nich it is now
by the Florida Incorporation, will not be
}

Signed this day of	. 20 17	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: William Vieg Title: President	eer, or, if Directors or Officers have not b	peen selected, an
Required Signature(s) on behalf of Other Business I		m(n)]
Si anno		
Printed Name: William Krieg	T: Member	_
Printed Name:	11tte:	
Signature:		
Printed Name:		
Signature:		
Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	 .
Signature:		
Printed Name:	Title:	_
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liability	Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	7 #PR
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		AH 9: 33
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)

ARTICLE II PRINCIPAL OFFICE				
he principal place of business/mailing address is:				
Principal street address	Mailing addr	ess, if differ	ent is:	
5215 Wilson Blvd STE 5	Po Boy 7	902		
acksonville, FL 32210	_Po Boy 7 _Jacksmurl	L, Fl	32238	
ARTICLE III PURPOSE	0			
The purpose for which the corporation is organized is:				
Out door Landscape, hardscape business				
ARTICLE IV SHARES				
RTICLE IV SHARES he number of shares of stock is:				
he number of shares of stock is:				
the number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE	RECTORS William Krie	eg - President	/Director	
he number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Displayed and Title: Dorothy Krieg - Secretary/Treasurer 6215 Wilson Blyd Ste 5	RECTORS Name and Title: William Krie			
he number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DE lame and Title: Dorothy Krieg - Secretary/Treasurer 6215 Wilson Blvd Ste 5	RECTORS Name and Title: Address: Continue	Blvd Ste 5		
he number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Distance and Title: Dorothy Krieg - Secretary/Treasurer 6215 Wilson Blvd Ste 5	RECTORS Name and Title: William Krie	Blvd Ste 5		17 AP
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DE	RECTORS Name and Title: Address: Milliam Krie 6215 Wilson Jacksonville, E	Blvd Ste 5		17 APR
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DE	RECTORS Name and Title: Address: Milliam Krie 6215 Wilson Jacksonville, E	Blvd Ste 5	7 TO	17 APR 17
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR District Dorothy Krieg - Secretary/Treasurer ddress:	RECTORS Name and Title: William Krie	Blvd Ste 5		
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Jame and Title: Dorothy Krieg - Secretary/Treasurer 6215 Wilson Blvd Ste 5 Jacksonville, FL 32210 Jacksonville and Title:	RECTORS Name and Title: Address: Jacksonville, F Name and Title: Address:	Blvd Ste 5 °L 32210		:5 W 1
the number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR DISTRICT Dorothy Krieg - Secretary/Treasurer	RECTORS Name and Title: Address: Jacksonville, I Name and Title: Address:	Blvd Ste 5	1411 # 142.85 H 2.24 B	
Address: Galf Wilson Blvd Ste 5 Jacksonville, FL 32210 Name and Title: Address: Control of the c	RECTORS Name and Title: Address: Jacksonville, I Name and Title: Address:	Blvd Ste 5	1411 # 142.85 H 2.24 B	17 68 9: 3

ARTICLE VI REGISTERED AGENT

The name and Florida street address (PO) Box NOT acceptable) of the registered agent as

Name

Kin Hagain

Addiess

parts Wilson Bload Steels

Jacksonville, F. 1995;

ARTICLE VII INCORPORATOR

The name and address of the most was a is-

Name:

William Krize

, varific.

ALE Wales talk time?

Martins:

Jackson eller H. (221)

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Furnifamiliar with and accept the appointment as registered agent and agree to act in this capacity

John Bentoi

Redipted Squarter Remotores Agent

April 11, 2017

I submit this document and affirm that the facts stated herein are true. I am aware that any jalse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,188, F.S.

William Wrigh

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