

P 17000037531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

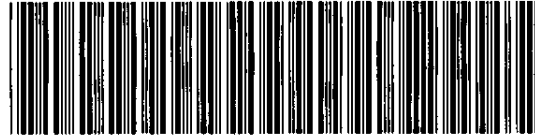
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

623-7016-



600297721616

600297721616
04/14/17--01012--020 **103.75

RECEIVED
DEPARTMENT OF STATE
17 APR 14 PM 2:48

FILED
2017 APR 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN
APR 26 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

4/14/17

- ☒ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** Conversion

1. JUNKY MONKEY ADVENTURES LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
2017 APR 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2017

CORPORATE ACCESS, INC.

SUBJECT: JUNKEY MONKEY ADVENTURES INC
Ref. Number: W17000032928

2017 APR 25 PM 2:47
2017 APR 25 PM 1:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JUNKEY MONKEY ADVENTURES INC and your check(s) totaling \$103.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 217A00007527

*Please file
As 17th date*

Corrected



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

2017 APR 25 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 17, 2017

CORPORATE ACCESS, INC.

SUBJECT: JUNKEY MONKEY ADVENTURES INC
Ref. Number: W17000032928

RECEIVED
DEPARTMENT OF STATE
17 APR 18 PM 12:10

We have received your document for JUNKEY MONKEY ADVENTURES INC and your check(s) totaling \$103.75. 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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The effective date has to be in the Articles of Incorporation also.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 517A00007422

Corrected

FILED

2017 APR 25 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
into
Florida Profit Corporation

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:

JUNKY MONKEY ADVENTURES LLC

Enter Name of Other Business Entity L15000010982

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(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 JANUARY 20, 2015

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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

JUNKY MONKEY ADVENTURES INC

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 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.

Signed this 14TH day of APRIL, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Mary K. Scromolo

Printed Name: MARY K SCROMOLO Title: DIRECTOR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Mary K. Scromolo

Printed Name: MARY K SCROMOLO

Title: MANAGER

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)

FILED
2017 APR 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2017 APR 25 PM 1:04

ARTICLE I NAMEThe name of the corporation shall be: JUNKY MONKEY ADVENTURES INC.SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

8824 MILLPOINT ROADRIVERVIEW, FL US 33578

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARY K SGROMOLO P, S, D

Name and Title: _____

Address: 8824 E. MILLPOINT ROAD

Address: _____

RIVERVIEW, FL US 33578Name and Title: JOHN A SGROMOLO VP, T.D.

Name and Title: _____

Address: 8824 E. MILLPOINT ROAD

Address: _____

RIVERVIEW, FL US 33578

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROWLAND V. WILLIAMS

Address: 103 CENTRUY 21 DR STE 217

JACKSONVILLE, FLORIDA 32216

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: MARY K SGROMOLO

Address: 8824 E. MILLPOINT ROAD

RIVERVIEW, FL 33578

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



Required Signature/Registered Agent

APRIL 14, 2017

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.



Required Signature/Incorporator

APRIL 14, 2017

Date

FILED

2017 APR 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA