## P17000038847

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

Office Use Only



800298267188

04/26/17--01034--004 \*\*105.00

T MAY -1 PHI2: 46

WAY -1 2017 T SCHROEDER

## **COVER LETTER**

TO:	Charter Section Division of Cor		4			
SUBJ	ECT: FRASER FO	OOD MART LLC				
50,00		Name of	Resulting Florid	la Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "(15, F.S.	Other Business
Please	e return all corresp	pondence concerning this	s matter to:		·	
FUAD	A VELIC					
		Contact Person		<del></del>		
ACCC	OUNTINGATALLO	COST, INC			•	
<del></del>		Firm/Company		_		
3115 8	SPRING GLEN RI	), SUITE 504				
		Address		_		
JACK	SONVILLE, FLOF	RIDA				
		City, State and Zip Code	e	_		
ассоці	ntingatallcost@yah	oo,com				
	E-mail address; (t	to be used for future annu	ial report notific	ation)		
For fu	uther information	concerning this matter,	please call:			
fiiada	velic		904 at (	566-7	149	
	Name of Co	ontact Person	Area	Code and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
<b>■</b> \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified (		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Cliftor 2661 I	ET ADDRESS: Filings Section on of Corporation in Building Executive Center lassee, FL 32301	ns Circle		New F Division P. O. I	ilings Section on of Corporations Box 6327 assee, FL 32314	

## 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 f	iling of this Certificate of Conversion is:
FRASER FOOD MART     ( ) \7 - \7 \7	
Enter Name of Other Busine	per linter
	as Educy
2. The "Other Business Entity" is a LLC	
(Enter entity type. Example: limited liability c general partnership, common law or business	
first organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the	name of the country)
03/30/2017	
Enter date "Other Business Entity" was first orga	mized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the sorganized, formed or incorporated:	state or country under the laws of which it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attack</u> FRASER FOOD MART INC	ned Articles of Incorporation:
Enter Name of Florida Profit	Corporation
5. If not effective on the date of filing, enter the effective date:	e listed in the attached Articles of Incorporation, atutory filing requirements, this date will not be
Page 1 of 2	FILED  17 MAY -1 PM 12: 46  SEUNE ANASSEE FLORIDA  ALLAHASSEE FLORIDA

	MANDE				
Signed 1	his ethmull day of April I	1th, 20,2017.			
Requir	ed Signature for Florida Profit Corporation:				
Signatu Incorpo Printed	re of Chairman, Vice Chairman, Director, Officerator: AHMAD KABIR BARAKZAI  Name: HHAD K BARAKZAI  CEI	er, or, if Directors or Officers have not be	en selec	ted, an	l
Requir	ed Signature(s) on behalf of Other Business E	Intity: [See below for required signature	(s).]		
	re: Chancel Bordken/C		_		
Printed	Name: AHMAN KABIR BARAKPA	TTitle: (OVI)Er	<del></del>		
Signatu	re:				
Printed	Name:	Title:	<u> </u>		
Signatu	re:		_		
Printed	Name:	Title:	_		
Signatu	re:		<del>-</del>		
Printed	Name:	Title:	_		٠
Signatu	re:		_		
Printed	Name:	Title:	· 		
Signatu	re:				
Printed	Name:	Title:	_		
	da General Partnership or Limited Liability re of one General Partner	Partnership:			
	da Limited Partnership or Limited Liability res of <u>ALL</u> General Partners.	Limited Partnership:			
	da Limited Liability Company: re of a Member or Authorized Representative.				
All othe Signatu	ers: re of an authorized person.				
	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	SECRETARY ( TALL AHASSEC	17 HAY -1 1	in the second

Page 2 of 2

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

ARTICLE I NAME The name of the corporation shall be: FRASER FOOD MA	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
10006 FRASER RD	10006 FRASER RD
JACKSONVILLE, FLORIDA 32246	JACKSONVILLE, FLORIDA 32246
ARTICLE III PURPOSE The purpose for which the corporation is organized is: CONVERTING FROM LLC TO INC	
	T MIX -
	F. F. LORI
ARTICLE IV SHARES The number of shares of stock is:	>
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS OF BUILDE
ARTICLE V INITIAL OFFICERS AND/OR DIT	Name and Title:
Address: 3960 OLD SUNBEAM RD#906	Address:
JACKSONVILLE, FLORIDA 32257	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

The <u>name</u>	and Florida street address (P.O. Box NO)	acceptable) of the registered agent is:
Name:	AHMAD KABIR BARAKZAI	
Address:	3960 OLD SUNBEAM RD#906	
	JACKSONVILLE, FLORIDA 32257	
<u>ARTICL</u>	<del></del>	
The <u>name</u>	and address of the Incorporator is:	
Name:	AHMAD KABIR BARAKZAI	
Address:	3960 OLD SUNBEAM RD#906	
	JACKSONVILLE, FLORIDA 32257	
I submit to	cate, I am familiar with and accept the appointment of the capetal Required Signature/Registered Agent his document and affirm that the facts state	*************************************  ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity  \[ \frac{1}{23}\frac{20}{7} \]  Date  d herein are true. I am aware that any false information submitted in a d degree felony as provided for in s.817.155, F.S.  \[ \frac{1}{27}\frac{20}{7} \]  Date
		TIMAY-I PHI2: 46 SLURGIAGY OF STATE FALL SHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT