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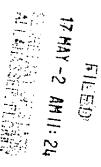
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	:#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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T. BURCH

COVER LETTER

Charter Section

Tallahassee, FL 32301

TO:

Division of Corporations				
SUBJECT: Knead It, Inc				
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:				
James P Driskel Contact Person				
Knead It, INC Firm/Company				
14722 Josair Dr Address				
Orlando, FL 32826 City, State and Zip Code				
E-ntail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
James P Driske at (321) 436-2338 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:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314				

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.

Knead I+ LLC
Enter Name of Other Business Entity
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 4/61/2017 Enter date "Other Business Entity" was first organized, formed or incorporated.
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on 4/01/2017
on 4/61/2017 Enter date "Other Business Entity" was first organized, formed or incorporated \(\frac{1}{2} \)
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:
Knead It Inc
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 05/01/2017. (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

Signed this 27thday of April	. 20 17				
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Presiden + James Desiden + Title: Presiden +					
Required Signature(s) on behalf of Other Business I					
Signature:					
Printed Name James P Driske 1	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: 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)

name of the corpor	ation shall be: Knead I	·
TICLE II PRIN	CIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
Orlando	, FL 32826	
RTICLE III PURP e purpose for which	OSE the corporation is organized is:any	lawful purposes
e number of shares o	f stock is: 100	-esiden+
e number of shares o RTICLE V INITI Name and Tit	f stock is: 100 ALOFFICERS AND/OR DIRECTORS le: James P Driskel P	residen+ Name and Title:
e number of shares o	f stock is: 100	Address:
e number of shares o TICLE V INITI Name and Tit Address	fstock is: 100 ALOFFICERS AND/OR DIRECTORS le: James P Driskel P 14722 Josair Dr Orlando, FL 32826	Address:
ne number of shares of RTICLE V INITI Name and Tit Address	fstock is: 100 ALOFFICERS AND/OR DIRECTORS le: James P Driskel P 14722 Josair Dr Orlando, FL 32826	Address: Name and Title:
Name and Tit Address Name and Title	fstock is: 100 ALOFFICERS AND/OR DIRECTORS le: James P Driskel P 14722 Josair Dr Orlando, FL 32826	Address: Name and Title: Address:
RETICLE V INITI Name and Tit Address Name and Title Address	fstock is: 100 AL OFFICERS AND/OR DIRECTORS le: James P Driskel P 14722 Josair Dr Orlando, FL 32826	Address: Name and Title: Address:

Name and Tit	e:	_ Name and Title:	
Address		_ Address:	
		_	
		_	
ARTICLE VI REG	<u>ISTERED AGENT</u> 1 street address (P.O. Box NOT acceptable) o	of the registered agent is:	
•	James P Driskel		
	14722 Joseir Dr Orlando, FL 3292	<u> </u>	
ARTICLE VII INC	<u>ORPORATOR</u>		MAY -2
The name and address	s of the Incorporator is:		2
Name:	James P Driske	<u>.</u>	AM 11: 24
Address:	14722 Josair Dr		
	Orlando, FC 3282	<u>6</u>	
(If an effective date i filing.) Note: If the date inse	than the date of filing: 05/01/2 s listed, the date must be specific and cannuted in this block does not meet the applicable ve date on the Department of State's records.	ot be more than five days pri	•
	s registered agent to accept service of proces		ation at the place designated in
this certificate, I am fo	miliar with and accept the appointment as re	egistered agent and agree to ac	t in this capacity
	Required Signature/Registered Agent		4/27/17
	Required Signature/Registered Agent		Date
	nt and affirm that the facts stated herein ar rtment of State constitutes a third degree felo		
1	1 1		4/27/17
Required S	Signature/Incorporator		Date