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(Red	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



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COVER LETTER

Division of Cor					
SUBJECT: Down 7 Up	8, Inc.				
5020ECT	Name of I	Resulting Florida	Profit (Corporation	
	e of Conversion, Articles Profit Corporation" in acc			es are submitted to convert an "C 5, F.S.	Other Business
Please return all corresp	condence concerning this	matter to:			
Dorothy Johnson					
	Contact Person		-		
Diversified Incorporation	Service				
	Firm/Company		-		
13154 Spring Hill Dr					
	Address		-		
Spring Hill, FL 34609					
	City, State and Zip Code	2	-		•
dorothy@diversifiedtaxe	sl.com				
E-mail address: (to be used for future annu	al report notifica	ition)		
	concerning this matter,	please call:			
Dorothy Johnson		at (352	683-5	198	•
Name of C	ontact Person		ode and	l Daytime Telephone Number	
Enclosed is a check for	the following amount:				
□ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C	ng Fees opy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporatio Clifton Building 2661 Executive Center	ns		New F Division P. O. I	ING ADDRESS: Glings Section on of Corporations Box 6327 assee, 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Down 7 Up 8, LLC 47-41450
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)
February 21 2017 on
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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Down 7 Up &, Janc.
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.

Page 1 of 2

17 MAY 22 M III: 05
SUGRELARY OF STATE
ALLAHASSEE, FLORIDA

	.			
Signed	this day of May	, 20.17		
Requir	ed Signature for Florida Profit Corporation:			
Signatu Incorpo Printed	re of Chairman, Vice Chairman, Director, Office orator: Name Richer Fowler Title: President	er, or, if Directors or Officers have not bee	n selected, a	ın
	ed Signature(s) on behalf of Other Business E			
Signatu	nre: Sisa Thompson Name: Lisa Thompson	GV		
Printed	Name:	Title: Managing Member		
Signatu	ire:			
Printed	Name:	Title:		
Signatu	ire:		-	
Printed	Name:	Title:		
Signatu	ire:			
Printed	Name:	Title:	-	
Signatu	ire:			
Printed	Name:	_ Title:		
Signati	ire:			
Printed	Name:	_ Title:		
	ida General Partnership or Limited Liability are of one General Partner.	Partnership:		
	ida Limited Partnership or Limited Liability ares of ALL General Partners.	Limited Partnership:		
	ida Limited Liability Company: are of a Member or Authorized Representative.			
All oth Signatu	ners: are of an authorized person.	<u> 2</u>	er Som Lak	
Fees:			7 4	
	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	MAY 22 A	

Page 2 of 2

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

Mailing address, if different is:	
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PECTORS	
RECTORS	
RECTORS Name and Title: Lisa Thompson(S)	
Name and Title: Lisa Thompson(S)	
Name and Title: Lisa Thompson(S) Address: 10307 Elnora St	
Name and Title: Lisa Thompson(S)	
Name and Title: Lisa Thompson(S) Address: 10307 Elnora St	
Name and Title: Lisa Thompson(S) Address: Spring Hill, FL 34608	
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Name and Title: Lisa Thompson(S) Address: Spring Hill, FL 34608 Name and Title: Address:	
	TALLAHASSEELFLE

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Rachel Fowler Name: 10307 Elnora St Address: Spring Hill, FL 34608 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: Diversified Incorporation Service Name: 13154 Spring Hill Dr Address: Spring Hill, FL 34609 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 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 of third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator