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SECRETARY OF STATE
AT LANASSEE, FLORIDA

T. BURCH

COVER LETTER

	Charter Section Division of Cor				, "	
CHIDIE	Shell Plus C	onstruction, LLC				
SUBJEC	-1 i		Resulting Flor	ida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac	-		ees are submitted to convert an "15, F.S.	Other Business
Please re	eturn all corresp	ondence concerning this	matter to:			
Luis E	scobar					
		Contact Person				
Shell Plu	s Construction, I	LLC				
		Firm/Company				
2640 Riv	verside Dr					
_		Address				
Coral Sp	rings, FL 33065					
		City, State and Zip Code	2	_		
LUL	ROBERTOL	SCOBAR Q HO o be used for future annu	TMAILIC	رين		
				ication)		
		concerning this matter,				
Luis R E	scobar		_at ()_512-8	849	
	Name of Co	ontact Person	Area	Code and	Daytime Telephone Number	
Enclosed	d is a check for	the following amount:				
\$ 105.	00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified	_	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building				New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327	
2001 Ex	ecutive Center	Circle		I allah	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:					
Shell Plus Construction, 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 (Enter state, or if a non-U.S. entity, the name of the country)					
09/26/16					
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 The name of the Floride Profit Corporation as set forth in the attached Anticles of Incorporation.					
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : Shell Plus Construction, Inc					
Enter Name of Florida Profit Corporation					
5. If not effective on the date of filing, enter the effective date: 6-7-17 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation of the 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 Denartment of State's records					

Signed	this <u>7</u>	day of	June		, 20 ¹⁷		
Requir	ed Signature	for Florida	Profit Corporation	<u>n:</u>			
				ficer, or, if Directors		not been selected, an	
<u>Requir</u>	ed Signature	e(s) on behal	f of Other Busines	s Entity: [See below	w for required sign	ature(s).]	
Signatı	ire: X	Rever					
Printed	Name: Escob	ar, Luis	1.91007	Title: PVTD			
Signatı	ıre:						
				Title:			
Signatı	ıre:						
					Title:		
Signatı	ıre:						
Printed	Name:			Title:			
Signati	ıre:						
				Title:			
Signati	ure:						
Printed Name:				Title:			
	ida General are of one Ge		or Limited Liabili	ty Partnership:			
	ida Limited ures of ALL			ty Limited Partner	ship:		
	ida Limited ure of a Mem		mpany: rized Representative	e.			
All oth Signatu	ners: ure of an auth	orized persoi	n.				
Fees:		ру:	n: of Incorporation:	\$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)

	<u>E VI REGISTERED AGENT</u>	
The <u>name</u>	and Florida street address (P.O. Box NOT accept	table) of the registered agent is:
Name:	Escobar, Luis	
Address:	2640 Riverside Dr	
	Coral Springs, FL 33065	
<u>ARTICL</u>		
The name	and address of the Incorporator is:	S
Name:	Escobar, Luis	ILED 12 AM ASSEE, F
Address:	2640 Riverside Dr	ILED 2 AM II: 50 RY OF STATE SSEE, FLORID
	Coral Springs, FL 33065	· · · · · · · · · · · · · · · · · · ·

X	Leeve	6/7/17
	Required Signature/Registered Agent	Date
	this document and affirm that the facts stated here to the Department of State constitutes a third degr	in are true. I am aware that any false information submitted in a ee felony as provided for in s.817.155, F.S.
x -	face	6/7/17
	Required Signature/Incorporator	Date