# P17000069698

(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:

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August 4, 2017

GALE S.M. PLANCON 2292 CARNABY COURT LEHIGH ACRES, FL 33973

SUBJECT: PPK, INC.

Ref. Number: W17000063907

We have received your document for PPK, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Letter Number: 917A00015818

Tim Burch Regulatory Specialist III

www.sunbiz.org

Division of Compartions D.O. DOV 6297 Wellshammer Placids 2001

#### **COVER LETTER**

TO: Charter Section Division of Corporations
SUBJECT: PPK, INC.
Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Busines Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
GALE S.M. PLANCON  Contact Person
PPK, INC. Firm/Company
2292 CARNABY COURT
Address  LEHIGH ACRES, FL 339173  City, State and Zip Code
Gale—Plancon & Clahoo. Com  (E-mail address: (to be used for future atinual report notification)
For further information concerning this matter, please call:
Gale S. M. Flancon at (860) 227 4713  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  \$\sigma \text{\$113.75 Filing Fees} \\ \text{and Certified Copy} \\ \text{Status}  \$\sigma \text{\$113.75 Filing Fees} \\ \text{and Certified Copy} \\ \text{Certified Copy, and} \\ \text{Certificate of Status}
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

### **Certificate of Conversion**

For

### "Other Business Entity"

Into

#### Florida Profit Corporation

FHLED

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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:
PPK, TNC  CEnter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a COCOCATION  (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 Conn
(Enter state, or if a non-U.S. entity, the name of the country)
on 8 9 09 Enter date "Other Business Entity" was first organized, formed or incorporated
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:  PPK BUILD SUPPLES TO
5. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  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 187 day of AUGUST	, 20_17
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Like My / Last CIV  Printed Name: VGALE SID Plancon Title: Vre	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature:	
Printed Name: POL P. PLANCON	Title: VP
Signature:	<del></del>
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 Signatures of <u>ALL</u> General Partners.	Limited Partnership:
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)

ARTICLE I NAME The name of the corporation shall be: PPK	uilding Supplies, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	J
Principal street address	Mailing address, if different is:
2292 CARNABY COURT LEHIGHT TCRES FL 33973	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  FOR ALL LEGAL PURPOSES A	AS DISTRIBUTOR
The number of shares of stock is:	
lame and Title: GALE S.M. PLANCON, Pass.	Name and Title: POLP. PLANKON, VP/TREAS
ddress: 2292 (ARNABY COURT	Address: 2292 CARNABY COURT
me and Title:	Name and Title:
tress:	Address:
e and Title:	Name and Title:
ess:	Address:

ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptable) of the	ne registered agent is:			
Name: GALE S.M. PLANCON				
Address: 2292 (ARNABY CURT		<u>.</u> .~	17 6	
LEHIGH ACRES FL 33973			AUG 17	<u>-11</u>
ARTICLE VII INCORPORATOR		22.3	7	
The name and address of the Incorporator is:		:.	٦. ح	
Name: GALE S.M. PLANCON			7 PH 12: 5	
Address: 2292 CARNABY COURT			7	
Address: 2292 CARNABY COURT LEHIGH ACRES FL 33973				
Having been named as registered agent to accept service of process fo				lesig <b>nat</b> ed in
this certificate, I am familiar with and accept the appointment as register.	tered agent and agree to act in	this ca <sub>l</sub>	pacity	
Melets Hanen	8/1/17	_		
Required Signature/Registered Agent	Date			
I submit this document and affirm that the facts stated herein are true			tion su	bmitted in a
document to the Department of State constitutes a third degree felony	as proviaea jor in \$.617.155, r. /	<b>.</b>		
Later of Vancon	8/1/17	_		
Required Signature/Incorporator	Date			