

P17000070597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

T. BURCH
AUG 23 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: STUMPWATER SECURITY, 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:

JAY HATTEN

Contact Person

STUMPWATER SECURITY

Firm/Company

404 BALLY WAY

Address

NICEVILLE, FL 32578

City, State and Zip Code

~~stumpwaterjack~~@hushmail.com Swampwater@hushmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY HATTEN

at (910) 584-0622

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, 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 filing of this Certificate of Conversion is:

STUMPWATER SECURITY, INC.

Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION
(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 NORTH CAROLINA
(Enter state, or if a non-U.S. entity, the name of the country)

on NOVEMBER, 13, 2002

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**:

STUMPWATER SECURITY, INC.

Enter Name of Florida Profit Corporation

. 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, 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 used as the document's effective date on the Department of State's records.

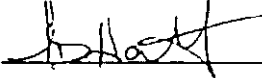
Signed this 1st day of AUGUST, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: JAY HATTEN Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: JAY HATTEN Title: PRESIDENT

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

f Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

f Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

Others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$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: STUMPWATER SECURITY, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

404 BALLY WAY

NICEVILLE, FL 32578

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY LAWFUL PURPOSE

ARTICLE IV SHARES
number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAY HATTEN, PRESIDENT

Name and Title: _____

Address: 404 BALLY WAY

Address: _____

NICEVILLE, FL 32578

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JAY HATTEN
Address: 404 BALLY WAY
NICEVILLE, FL 32578

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JAY HATTEN
Address: 404 BALLY WAY
NICEVILLE, FL 32578

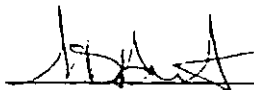
FILED
17 AUG 22 AM 8:54
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

17 Aug 2017
Date

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 a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

17 Aug 2017
Date