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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Charter Section Division of Corporations					
end	ECT: FAVORS PROTECTIVE AGENCY	LLC				
SUB		f Resulting Flo	orida Profit	Corporation		
	nclosed Certificate of Conversion, Articl "into a "Florida Profit Corporation" in a				i "Other Bus	iness
Pleas	e return all correspondence concerning th	is matter to:				
TIMO	THY FAVORS					
	Contact Person					
FAVO	DRS PROTECTIVE AGENCY LLC					
	Firm/Company					
801 N	ORTH POINT PARKWAY, SUITE K4					
	Address					
WES	ΓPALM BEACH, FLORIDA 33407				17 A	VLL/
	City, State and Zip Co.	de			AUG 23	LAHASS
FAVO	DRSPROTECTIVEAGENCY@GMAIL.CO!					SEE.
	E-mail address: (to be used for future and	nual report not	ification)		AM 9:	1 C
For ti	irther information concerning this matter	, please call:			. 49	FLORIDA
TIMO	THY FAVORS	at () 452-0	632	Ψ	Þ
	Name of Contact Person		ea Code and	d Daytime Telephone Number		
Enclo	sed is a check for the following amount:					
□ \$1	05.00 Filing Fees					
New Divis Clifte	EET ADDRESS: Filings Section ion of Corporations on Building Executive Center Circle		New F Divisi P. O. I	LING ADDRESS: Filings 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 i	S:	
FAVORS PROTECTIVE AGENCY LLC	<u></u>	N AT
Enter Name of Other Business Entity	7	ECR
2. The "Other Business Entity" is a Limited Liability Company	AUG 23	HAS HAS
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	3 3	SEE.
first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)	9: 49	STATE FLORID
06/0 7 /2016	9	Þ.
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 organized, formed or incorporated:	h it is no	w
N/A		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :		
FAVORS PROTECTIVE AGENCY INC.		
Enter Name of Florida Profit Corporation		
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 t Department of State.)	he Flori	da
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	ill not be	•
listed as the document's effective date on the Department of State's records.		

Signed thisday of AUGUST	. 20 2017
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director, Of Incorporator: TIMOTHY FAVORS Printed Name: TIMOTHY FAVORS Title: CHA	fficer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Busines	
Signature: Wolf W	
Printed Name: Interpretation	Title (harman
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of ALL General Partners.	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	17 AUG 23
All others: Signature of an authorized person.	623

\$8.75 (Optional) \$8.75 (Optional)

\$35.00

\$70.00

Fees:

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

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

ARTICLE I NAME FAVORS PROTECTI	VE AGENCY INC.	
The name of the corporation shall be:		-
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
801 NORTHPOINT PARKWAY, SUITE K-4		
WEST PALM BEACH, FLORIDA 33407		
<u> </u>		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
		
· · · · · · · · · · · · · · · · · · ·		
		
ARTICLE IV SHARES		77 3
The number of shares of stock is:		- A
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS	16 2 16 2
Name and Title: TIMOTHY FAVORS- CHAIRMAN	Name and Title:	17 AUG 23 AM 9
801 NORTHPOINT PARKWAY Address:	Address:	9: F. S
WEST PALM BEACH, FLORIDA 33407		DAIE ORIDE
Name and Title:	Name and Title:	
Address:		
Name and Title:	- 	_
Address:		

ame:	TIMOTHY FAVORS		
ddress:	801 NORTHPOINT PARKWAY K-4		
,idi 653.	WEST PALM BEACH, FLORIDA 33407		
RTICL	E VII INCORPORATOR		
ie <u>name</u>	and address of the Incorporator is:		
ime:	TIMOTHY FAVORS		
idress:	801 NORTHPOINT PARKWAY		
	WEST PALM BEACH, FLORIDA 33407		
****** aving b	**************************************	******** cess for the above stated corporation at the plac	e designated in

		s registered agent and agree to act in this capaci	
is certif	mply Arm	08/19/2017 Date The true, I am aware that any false information	ity
is certif	Required Signature/Registered Agent his document and affirm that the facts stated herein of	08/19/2017 Date The true, I am aware that any false information	ity

