

PN000074878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

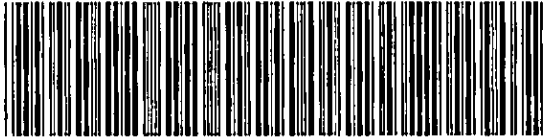
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: CAMELOT TECHNOLOGY CORP.
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:

SCOTT CUMMINGS
Contact Person

CAMELOT TECHNOLOGY CORP.
Firm/Company

1180 PONCE DE LEON BLVD #601
Address

CLEARWATER, FL 33756
City, State and Zip Code

scott@cummingsproperty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT CUMMINGS at (847) 668 4985
Name of Contact Person Area Code and 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 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 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:

CAMELOT TECHNOLOGY CORP. F11-3515
Enter Name of Other Business Entity

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

on SEPT. 25, 1995
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**:

CAMELOT TECHNOLOGY CORP.
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 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.

FILED
17 SEP 13 AM 9:41
TALLAHASSEE, FLORIDA

Signed this 5TH day of SEPTEMBER, 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: [Signature]

Printed Name: SCOTT CUMMINGS Title: CHAIRMAN

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

Signature: [Signature]

Printed Name: SCOTT CUMMINGS Title: CEO

Signature: _____

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 Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All 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)

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17 SEP 13 AM 9:41
TALLAHASSEE, FLORIDA

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: CAMELOT TECHNOLOGY CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1180 PONCE DE LEON BLVD.

#601

CLEARWATER, FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE TRANSACTION OF ANY OR ALL LAWFUL PURPOSES FOR WHICH
CORPORATIONS MAY BE INCORPORATED UNDER FLORIDA LAW.
MORE SPECIFICALLY: COMPUTER, SOFTWARE AND
NETWORK CONSULTING.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SCOTT CUMMINGS, CEO

Name and Title: _____

Address: 1180 PONCE DE LEON BLVD, #601

Address: _____

CLEARWATER FL 33756

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

17 SEP 13 AM 9:41
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: SCOTT CUMMINGS

Address: 1180 PONCE DE LEON BLVD #601
CLEARWATER, FL 33756

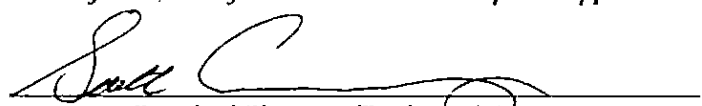
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SCOTT CUMMINGS

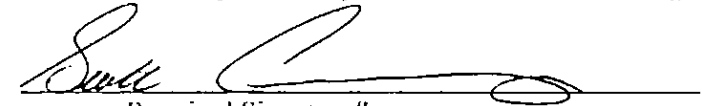
Address: 1180 PONCE DE LEON BLVD. #601
CLEARWATER FL 33756

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

9/5/17
Date

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

9/5/17
Date

17 SEP 13 AM 9:41
STATE OF FLORIDA