## P17000077424

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fatity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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## 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:
PREMIER CYCLES, LLC LIG - 38482
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LLC
(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)
05/04/2016 on
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:  NO
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> PREMIER CYCLES, 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 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.
Page 1 of 2

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Signed thisday of	. 20	
Required Signature for Florida Profit Corporation	<u>:</u>	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: NISVET GAZIBARA A Printed Name: X NIVET GRUSANTitle: PRESIDENT	cer, or If Directors or Officers have not be	en selected, an
Required Signature(s) on behalf of Other Business	•	· · •
Signature: X W Par Gard		
Printed Name: X NISUGT GAZIBANA	Title: PRESIDENT	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	<del>_</del>
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liability Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		17 SE
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)	F 26 AN 61 (

## 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:	CLES, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 6151 CLEARSKY DRIVE	Mailing address, if different is:
JACKSONVILLE. FL 32258	
ARTICLE III PURPOSE  The purpose for which the corporation is organized	1 :
CHANGING FROM LLC TO INC, company has grow	
CHANGING FROM ELC TO INC. Company has grow	ii iii revenue.
	7.
	<u></u>
	<u> </u>
	>
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OF	R DIRECTORS
Name and Title: NISVET GAZIBARA	Name and Title: PCS,"dan+
Address: 6151 CLEARSKY DRIVE	•
JACKSONVILLE, FL 32258	
Name and Title:	
Address:	
Name and Title:	<del>-</del>
Name and Title:	
Address:	Address:

	E VI REGISTERED AGENT and Florida street address (P.O. Box N	NOT acceptable) of the registered agent is:
Name:	NISVET GAZIBARA	
Address:	6151 CLEARSKY DRIVE	
	JACKSONVILLE, FL 32258	<del>_</del>
ARTICL The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	AccountingAtAllCost, Inc	_
Address:	3115 Spring Glen Rd, Suite 504	_
	Jacksonville, Fl 32207	-
		********  service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
X	Required Signature/Registered Agent	
		stated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.
χ	What al	00/31/2017
•	Required Signature/Incorporator	¹ Date

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