

P7000078641

(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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FALLS CHURCH, VA

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SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

TSOLIFE INC.

SUBJECT: _____
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:

B. MIA DONNA MOTA, ESQ.

Contact Person

THE TECH LAW FIRM, PLLC

Firm/Company

1 S. ORANGE AVE. STE 502

Address

ORLANDO, FL 32801

City, State and Zip Code

DAVID.SAWYER@TSOLIFE.COM

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

For further information concerning this matter, please call:

MIA _____ at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

STREET ADDRESS:

New Filings Section
Division of Corporations
Tifton 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:

TSOLIFE LLC

214-149153

Enter Name of Other Business Entity

LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a

(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

FLORIDA

first organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

09/18/2014

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

TSOLIFE 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.

21 SEP 23 AM 10:32
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Signed this 14 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: David E. Sawyer, JR Title: President/CEO and CFO

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

Signature: [Signature]
Printed Name: DAVID E. SAWYER, JR Title: CEO/AUTHORIZED MEMBER

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)

FILED
17 SEP 29 AM 10:32
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME TSOLIFE INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

500 E KENNEDY BLVD, 3RD FLOOR

TAMPA, FL 33602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for the specific purpose of any and all lawful business, and to conduct any business with any lawful purpose.

ARTICLE IV SHARES 10,000,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID E. SAWYER, JR, President/CEO and CEO

Address: 441 33RD ST. N APT. 1114
ST. PETERSBURG, FL 33713

Name and Title: MARGARET SAWYER, Vice President

Address: 2580 DARK OAK CT.
OVIEDO, FL 32766

Name and Title: _____

Address: _____

Name and Title: STELLA PARRIS, SECRETARY

Address: 441 33RD ST. N. APT. 1114
ST. PETERSBURG, FL 33713

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: B. MIA DONNA MOTA, ESQ.
Address: 1 S. ORANGE AVE., STE. 502
ORLANDO FL 32801

ARTICLE VII INCORPORATOR

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

Name: B. MIA DONNA MOTA, ESQ.
Address: 1 S. ORANGE AVE., STE. 502
ORLANDO FL 32801

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

B. Mia Donna Mota, Esq.
Required Signature/Registered Agent

9/14/2017
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.

B. Mia Donna Mota, Esq.
Required Signature/Incorporator

9/14/2017
Date

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17 SEP 29 AM 10:32
STATE
OF FLORIDA