

P1700079686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

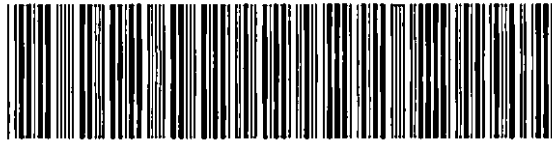
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only

M. MOON  
OCT 05 2017



300304141783

17 OCT -5 AM 10:57

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT -5 PM 1:36

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 840985 8021496

AUTHORIZATION :

COST LIMIT : \$ 105.00

ORDER DATE : September 29, 2017

ORDER TIME : 9:50 AM

ORDER NO. : 840985-010

CUSTOMER NO: 8021496

DOMESTIC AMENDMENT FILING

NAME: NATIONAL ACQUISITIONS, LLC

EFFECTIVE DATE:

☒ ARTICLES OF AMENDMENT  
☐ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT -5 PM 1:36

**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:

NATIONAL ACQUISITIONS, LLC

L14000178.133

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company

(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 Florida

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

on 11/17/2014

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**:

NATIONAL ACQUISITIONS, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 10/13/17

(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 OCT -5 PM 1:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Signed this 9th 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:

Printed Name: Phillip Comino Title: president

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

Signature: Phillip Comino

Printed Name: Phillip Comino Title: Member

Signature: Catherine Gillespie

Printed Name: Catherine Gillespie Title: Member

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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 OCT -5 PM 1:36

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

**ARTICLE I    NAME**    NATIONAL ACQUISITIONS, 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:

140 S. BEACH STREET

SUITE 310

DAYTONA BEACH, FL 32114

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Tax purposes and we want to issue shares. We would also like to set up a management structure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DAVID L. FLORIDA  
17 OCT -5 PM 1:36

**ARTICLE IV    SHARES**    1500

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PHILLIP J COMINO    DIRECTOR

Name and Title: CATHERINE GILLESPIE    DIRECTOR

Address: 140 S BEACH STREET SUITE 310

Address: 140 S BEACH STREET SUITE 310

DAYTONA BEACH, FL 32114

DAYTONA BEACH, FL 32114

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:

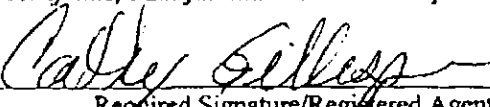
Name: CATHERINE GILLESPIE  
Address: 140 S BEACH STREET SUITE 310  
DAYTONA BEACH, FL 32114

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PHILLIP J COMINO  
Address: 140 S BEACH STREET SUITE 310  
DAYTONA BEACH, FL 32114

\*\*\*\*\*  
*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

09/29/17  
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

09/29/17  
Date

RECEIVED  
DEPARTMENT OF STATE  
17 OCT -5 PM 1:36  
TALLAHASSEE FLORIDA