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(Re	equestor's Name)				
(Ad	ddress)				
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(Bu	usiness Entity Nar	me)			
(Document Number)					
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T. BURCH *** 1 5 2017

COVER LETTER

TO: Charter Section Division of C					
SUBJECT: Detwild	er's Operations, Inc.				
SUBJECT	Name of	Resulting Flor	ida Profit	Corporation	
	ate of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an " 15, F.S.	Other Business
Please return all corre	spondence concerning thi	s matter to:			
Kenneth D. Chapman, J	r.				
	Contact Person				
Bowman, George, Sche	b, Kimbrough, Koach & Ch	apman, P.A.			
	Firm/Company				
2750 Ringling Blvd., S7	TE 3				
	Address				
Sarasota, FL 34237					
	City, State and Zip Cod	e			
steve@detwilermarket.c	com				
E-mail address:	(to be used for future ann	ual report notif	ication)		
For further informatio	n concerning this matter,	please call:			
Kenneth D. Chapman, J	r.	_at (366-5		
Name of C	Contact Person	Area	Code and	Daytime Telephone Number	
Enclosed is a check for	or the following amount:				
□ \$105.00 Filing Fee	s □\$113.75 Filing Fees and Certificate of Status	■\$113.75 Fi and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS New Filings Section Division of Corporatio Clifton Building 2661 Executive Cente	ons		New F Division P. O. E	ING ADDRESS: illings 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 Con	version i	s:	
Detwiler's Operations LLC			
Enter Name of Other Business Entity	•		
2. The "Other Business Entity" is a	i.	17	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	1.4.4.5.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.	17 NOV 13 PH 12: 00	71
first organized, formed or incorporated under the laws of Florida		ယ	
(Enter state, or if a non-U.S. entity, the name of the country)	그 :	7	0
on	S: '	<u> </u>	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:	of which	h it is	now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	ı:		
Detwiler's Operations, 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 find Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	-		

Signed	this	8th	_day c	Noven	ıber			, 20_	7	_ .	
Require	ed Sigr				fit Corpor				•	·	
Signatus Incorpo Printed	re of C rator: _ Name:	hairman 149 ! Henry I	Vice (Zul Detwi	Chairma ler	n. Director	CEO/D	er, or, if Direc	ctors or O	fficers ha	ve not bec	en selected, an
		,			Other Bus	<u>iness E</u>	ntity: [See b	oelow for	required s	signature(s	s).]
Signatu		(-
Printed	Name:	Henry L	. Detwil	ег, as Ma	mager of		_ Title: Detw	iler's Mast	er, LLC, N	MGRM	-
Signatu	re:									<u>-</u>	-
Printed	Name:						Title:				
Signatu	re:										-
Printed	Name:						_ Title:				-
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Printed	Name:				- <u>-</u>		_ Title:				-
<u>If Flori</u> Signatur	da Ger re of or	neral Pa ne Gene	rtners ral Part	hip or L ner.	imited Lia	ibility l	<u>Partnership:</u>	_			
<u>lf Flori</u> Signatur	da Lim res of <u>A</u>	nited Pa NLL Ge	rtners! neral Pa	hip or L artners.	imited Lia	ibility l	Limited Part	tnership:			
				Compar thorized	n <u>y:</u> Representa	itive.					
All othe Signatur	e <u>rs:</u> re of an	authori	zed pei	rson.							
	Fees fo	cate of 0 or Florid ed Copy cate of S	la Artic		corporation	1:	\$35.00 \$70.00 \$8.75 (Optio \$8.75 (Optio				

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

ARTICLE The name of	betwhen a Operation	ions, Inc.	
	II PRINCIPAL OFFICE Il place of business/mailing address is:		
7425 16th Str	Principal street address reet East, Suite 101		Mailing address, if different is:
Sarasota, FL	34243		
The purpose	III PURPOSE for which the corporation is organized is awful business	 S:	
	IV SHARES 10,000 of shares of stock is:		
ARTICLE	V INITIAL OFFICERS AND/OR	DIRECTORS	
Name and T		Name and T	
Address:	7425 16th Street East, Suite 101	Address:	7425 16th Street East, Suite 101
	Sarasota, FL 34243	_ _	Sarasota, FL 34243
Name and T	itle:	Name and Ti	Caleb M. Detwiler, VP / D
Address:	7425 16th Street East, Suite 101	Address:	7425 16th Street East, Suite 101
	Sarasota, FL 34243		Sarasota, FL 34243
Name and T	Steven Schlabach, T	Name and Ti	itle:
Address:	7425 16th Street East, Suite 101		
-vouress.	Sarasota, FL 34243	Address:	
			

Name:	Henry L. Detwiler				
Address:	7425 16th Street East, Suite 101				
	Sarasota, FL 34243				
ARTICL			E/r	17	
he <u>name</u>	e and address of the Incorporator is:		<u>\</u> 	8	
Name:	Henry L. Detwiler	1 2	2	V - 3	7
Address:	7425 16th Street East, Suite 101	<u> </u>	H 기숙	17 NOV 13 PH 12: 00	
	Sarasota, FL 34243		2	12:	O
		AC A	5,7	00	
*****	***************	******			
		eass for the above stated corneration at the		e desig	mated in
Having behis certif	een named as registered agent to accept service of proc icate, I am familiar with and accept the appointment as	registered agent and agree to act in this c	e piace apacii	ָיני יני	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Having b his certif	cen namea as registered agent to accept service of procing icate, I am familiar with and accept the appointment as	registered agent and agree to act in this c	e piace capacii	ָיני) יני	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Having be	icate, I am familiar with and accept the appointment as Required Signature/Registered Agent	registered agent and agree to act in this c	e piace capacii	ty:	,
this certif	icate, I am familiar with and accept the appointment as	registered agent and agree to act in this c 11-08-17 Date re true. I am aware that any false inform	capacii	ָּיי לילי	
this certif I submit t	Required Signature/Registered Agent	registered agent and agree to act in this c 11-08-17 Date re true. I am aware that any false inform	capacii	ָּיי לילי	