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(Re	questor's Name)	
(Ád	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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18 JAN 11 AM 11: 02
31 PANASSE PROPRIE

T. BURCH JAN 1 2 2018

COVER LETTER

Division of Co	orporations				
SUBJECT: Earp Enterp	orises Inc				
Sobsect.	Name of	Resulting Flo	orida Protit	Corporation	
	te of Conversion, Article Profit Corporation'' in ac				o convert an "Other Business
Please return all corres	spondence concerning this	s matter to:			
Dale E Earp III					
	Contact Person				
Earp Enterprises Inc					
	Firm/Company				
1233 SW 18th Court					
	Address				
Cape Coral, Florida, 339	991				1
	City. State and Zip Cod	e			
dale@earpenterprises.co	m]
E-mail address: (to be used for future annual	ual report not	ification)		
For further information	n concerning this matter,	please call:			
Dale E Earp III		800 at (385-17	755	
Name of C	Contact Person		ea Code and	l Daytime Telepho	ne Number
Enclosed is a check fo	r the following amount:				
□ \$105.00 Filing Fees	 □\$113.75 Filing Fees and Certificate of Status 	□\$113.75 I and Certifie	-	#\$122.50 Filing Certified Copy, Certificate of St	ind
STREET ADDRESS New Filings Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle		New F Division P. O. E	ilings Section on of Corporations Box 6327 assee, 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 Earp Enterprises Inc	Conversion is:
Enter Name of Other Business Entity	
·	18
2. The "Other Business Entity" is a S-Corp	}
(Enter entity type. Example: limited liability company, limited partners	JAN 11
general partnership, common law or business trust, etc.)	無いこと
first organized, formed or incorporated under the laws of Pennsylvania	FILED 11 AM
(Enter state, or if a non-U.S. entity, the name of the country)	AM II: 02
12/26/2012	
on	·
Enter date "Other Business Entity" was first organized, formed or incorpo	orated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the organized, formed or incorporated:	laws of which it is now
Pennsylvania	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorpor	
Earp Enterprises Inc	
raip enterprises the	·
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	nt is filed by the Florida
Department of State.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement	ts, this date will not be
listed as the document's effective date on the Department of State's records.	

Page 1 of 2

Signed thisday of	. 20 18
Required Signature for Florida Profit Corporation	<u>i</u>
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Dale E Earp III Title: Preside	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature: Signature:	
Printed Name: Dale E Earp III	Title: President
Signature: Rachel M. Carp	
Printed Name:	Title: Secretary
Signature:	1
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>
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.	
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)

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: Hearp Enterprise	es Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
1233 SW 18th Court	
Cape Coral, Florida, 33991	
	<u> </u>
ARTICLE III PURPOSE	
The purpose for which the corporation is organize	ed is:
Any and all legal business	
	<u></u>
	1
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/O	OR DIRECTORS
Name and Title: Date E Earp III. President	Name and Title:
Address: 1233 SW 18th Court	Address:
Cape Coral, Florida 33991	
Rachel M Earp. Secretary Name and Title:	
1233 SW 18th Court	
Cape Coral, Florida 33991	
Name and Title:	
Address:	Address:
	1

Address: 1233 SW 18th Court Cape Coral, Florida 33991	Name:	Dale E Earp III				
Cape Coral, Florida 33991 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Dale E Earp III Address: Cape Coral, Florida 33991 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		1233 SW 18th Court		£5,	38	
The name and address of the Incorporator is: Date E Earp III 1233 SW 18th Court	Address:	Cape Coral, Florida 33991			JAN	-1
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Required Signature/Incorporator Date	I submit (Required Signature/Registered Agent	os registered agent and agree to accept the design of the	ct in this cap	pacity	
	I submit (Required Signature/Registered Agent	as registered agent and agree to accept the description of the descrip	ct in this cap	pacity	
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