

(Re	equestor's Name)	
(Ac	ddress)	
(A	ddress)	
(Ci	ity/State/Zip/Phone	#)
		MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	ý

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COVER LETTER

TO: Charter Section Division of Corporations

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SUBJECT: GREENFIELD AGENCIES INC

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:

ANDREW SEMPLE

Contact Person

Firm/Company

2929 WILDERNESS BLVD E

Address

PARRISH, FL 34219

City, State and Zip Code

ANDREW.SEMPLE@ME.COM

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

For further information concerning this matter, please call:

COLLEEN LAURIE

Area Code and Daytime Telephone Number

388-8208

Enclosed is a check for the following amount:

\$105.00 Filing Fees \$\$113.75 Filing Fees \$\$113.75 Filing Fees and Certificate of \$\$113.75 Filing Fees \$\$and Certified Copy \$\$ Starus \$\$

□S113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS:

New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 • 1

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:

GREENFIELD AGENCIES LLC 46-40795
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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)
FEBRUARY 26, 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 nov organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : GREENFIELD AGENCIES 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.)

<u>Note:</u> 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.

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_____day of ____ Signed this 3RD . 20¹⁸ Required Signature for Florida Profit Corporation: Signature of Chairman, Nice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: ANDREW SEMPLE Title: PRESIDENT Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: _ ANDREW SEMPLE Title: _____ 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)

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

ARTICLE I NAME

ARTICLE I NAME GREENFIELD AGENCIES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address 2929 WILDERNESS BLVD E

Mailing address, if different is: SAME

PARRISH, FL 34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL AND LAWFUL BUSINESS

		TALLAHA
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS	TILED
Name and Title:		和DA 小DA
Address: 2929 WILDERNESS BLVD E	Addmen	
PARRISH, FL 34219		
Name and Title:	Name and Title:	
Address:	• • • • •	
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:

	SANDS & ASSOCIATES PLC	
Name:		

6151 LAKE OSPREY DR 3RD FL Address:

SARASOTA, FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	ANDREW	SEMPLE	

2929 WILDERNESS BLVD E

Address:

PARRISH, FL 34219

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

1/3/2018 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 \$817.155, F.S.

Required Signature/Incorporator

1/3/2018

Date

FILED 18 JAN 16 PHI2: 02 SECRETARY OF STATE FALLAHASSEE, FLORIDA