# P18000001194

(Requ	uestor's Name)	
(Address)		
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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SECRETARY OF STATES
TALL ARASSEE, FLORIDA

JAN 2 4 2018 T SCHROEDER

#### COVER LETTER

Division of Co				
SUBJECT: CAREY U	NLIMITED, INC			
SOBJECT.	Name of	Resulting Florida	rofit Corporat	ion
	te of Conversion, Article Profit Corporation" in a			bmitted to convert an "Other Busines
Please return all corres	spondence concerning the	is matter to:		
LATOYA CAREY				
	Contact Person			
CAREY UNLIMITED				
	Firm/Company			
621ELIZABETH PLAC	DE			
	Address			
SOUTH DAYTONA, F	L 32119			
	City, State and Zip Cod	e		
lcarey@kginzpirations	.com			
E-mail address: (	to be used for future ann	ual report notificati	n)	
For further information	concerning this matter.	please call:		
Latoya Carey		386 _at ()	43-5532	
Name of Co	ontact Person	Area Coo	and Daytime	Telephone Number
Enclosed is a check for	the following amount:			
■ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop	Certified	50 Filing Fees. I Copy, and ite of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building	ns	N D	AILING ADI w Filings Secvision of Corp O. Box 6327	tion

Tallahassee, FL 32314

2661 Executive Center Circle

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 C	Conver:	sion is	:
CAREY UNLIMITED. LLC ULO-UBAHA			
Enter Name of Other Business Entity	<u> </u>		
2. The "Other Business Entity" is a			
(Enter entity type. Example: limited liability company, limited partnershi general partnership, common law or business trust, etc.)	<del>-</del> р.		
first organized, formed or incorporated under the laws of FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)	-		
MARCH 5, 2016			
Enter date "Other Business Entity" was first organized, formed or incorpora	ted		
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country under the la organized, formed or incorporated:</li> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporat</u></li> </ol>	_•	which	it is now
CAREY UNLIMITED, 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 Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.		٠	
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SECRLIARY &F STATE:
TALL AHASSEE, FLORIDA

Signed this day of Januar	<u> </u>	
Required Signature for Florida Profit Corporation	,	
Signature of Chairman, Vice Chairman, Director, Off Incorporator:  Printed Name: LATOYA GAREY Title: VICE	icer, or, if Directors or Officers have	not been selected, an
Required Signature(s) on behalf of Other Business	<u>s Entity:</u> [See below for required sign	nature(s).]
Signature:		<del></del>
Printed Name: JAMES M CAREY	Title: PRESIDENT	
Signatures Saturation		
Printed Name: LATOYA CAREY	Title:Title:	<u>.</u>
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		18 18
Printed Name:	Title:	JAN 22 CREJANY LARIASSE
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	v Partnership:	ANY OF N
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	AMID: 11
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 II PRINCIPAL OFFICE		
he principal place of business/mailing address is:		
Principal street address 521 ELIZABETH PLACE	Mailing a	address, if different is:
SOUTH DAYTONA, FL 32119		
ARTICLE III PURPOSE	<del></del>	
The purpose for which the corporation is organized is:  ANY AND ALL LEGAL ACTIVITY		
	<del></del>	
RTICLE IV SHARES 1000 10 number of shares of stock is:		
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re number of shares of stock is:    RTICLE V INITIAL OFFICERS AND/OR D		18 J SECH TALL A
re number of shares of stock is:    1000	IRECTORS	8 JAN 2
re number of shares of stock is:    RTICLE V INITIAL OFFICERS AND/OR D	Name and Title:	8 JAN 22 J
ne number of shares of stock is:    RTICLE V INITIAL OFFICERS AND/OR D	IRECTORS  Name and Title:  Address:	8 JAN 22 AN IO:
re number of shares of stock is:    RTICLE V	IRECTORS  Name and Title:  Address:  Name and Title:	8 JAN 22 AH 10: 11  EGRETARY OF STATE LAHASSEE FLORIDA
re number of shares of stock is:    RTICLE V	Name and Title:Address:Name and Title:Address:Name and Title:Address:	B JAN 22 AH 10: 11  EGHETARY DE STA E LAHASSEE: FLORIDA
re number of shares of stock is:    RTICLE V	Name and Title:Address:Name and Title:Address:Name and Title:Address:	8 JAN 22 AH 10: 11  EGRETARY OF STAFE LAHASSEE: FLORDA

The name	<u>e and Florida street address</u> (P.O. Box N	OT acceptable) of the registered agent is:
Name:	CAREY, LATOYA	
Address:	621ELIZABETH PLACE	
	SOUTH DAYTONA, FL 32119	_
ARTICL		
The <u>name</u>	e and address of the Incorporator is:	
Name:	CAREY, LATOYA	
Address:	621ELIZABETH PLACE	
	SOUTHDAYTONA, FL 32119	
*******  Having be this certifi	*************************************  een named as registered agent to accept s  icate, I am familiar with and accept the ap	*************************************
	Required Signature/Registered Agent	
! submit ti locument	his document and affirm that the facts st to the Department of State constitutes a t	ated herein are true. I am aware that any false information submitted in a hird degree felony as provided for in s.817.155, F.S.
	Required Signature/Incorporator	1.8.18
	qui ou organica near potator	Date

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