P18000009676

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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SECALIARY OF STATE:
TALL AHASSET, FLORIDA

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COVER LETTER

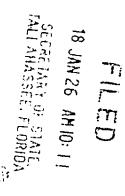
Division of Corporatio	ns			
SUBJECT: GraphicTEN Inc				
.,opot.e1,	Name of	Resulting F	lorida Prot	it Corporation
The enclosed Certificate of Co Entity" into a "Florida Profit C				fees are submitted to convert an "Other Business 115, F.S.
Please return all correspondence	e concerning this	s matter to:		
Michael Shihinski				
Со	ntact Person			
Fir	m/Company			
5709 SE Abshier Blvd	m company			
The state of the s	Address			
Belleview, Ft. 34420				
City, S	tate and Zip Code	e		
michael@graphicten.com				
E-mail address: (to be use	ed for future annu	ual report no	otification)	·
For further information concern	ning this matter.	please call:		
Michael Shihinski		352	233	3-4313
Name of Contact P	erson	_	rea Code a	and Daytime Telephone Number
Enclosed is a check for the foll	owing amount:			
■ \$105.00 Filing Fees □\$113 and Ce Status	3.75 Filing Fees ertificate of	□\$113.75 and Certif	Filing Fee ied Copy	es □\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			New Divi P. O	HANG ADDRESS: Filings Section sign of Corporations Box 6327 ahassee, 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.

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1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
GraphicTEN LLC U0-59386
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 FL (Enter state, or if a non-U.S. entity, the name of the country)
06/03/2010
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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
GraphicTEN Inc
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: O1/01/2018 (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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.

Page 1 of 2



Signed thisday of		, 20	
Required Signature for Florida Profit Corporation:	<u> </u>		
Signature of Chairman, Vice Chairman, Discoor, Pro- Incorporator: Michael Shihinski Printed Name: Michael Shihinski Title Preside	er, or, if Directo	rs or Officers have not l	been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See belo	ow for required signatu	ire(s).]
Signature:			
Printed Name: Michael Shihinski			
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		 -
Signature:	1		
Printed Name:	Title:		— <u>~</u>
Signature:			TR JAI
Printed Name:	Title:		
Signature:			- 200 - 11
Printed Name:	Title:		AHIO: 11
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:		Dr. –
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partne	rship:	
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 (Options \$8.75 (Options		

Page 2 of 2

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

ARTICLE I NAME GraphicTEN Inc			
The name of the corporation shall be:			
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
Principal street address		Mailing address	if different is:
5709 SE Abshier Blvd	570	SE Abshier Blvd	- I direction is.
Belleview, FL 34420	Bell	eview, FL 34420	
	-		
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
Any and all lawful purposes.			
			
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		<u>-</u>	or AMIO:
			£ 9 `
ARTICLE IV SHARES			
The number of shares of stock is:		-	(L) de
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS		
Name and Title: Michael Shihinski - President	Name and T	ide:	
5709 SE Abebier Rlyd		T.C	
Address:	Address:		
Belleview, FL 34420			
Name and Title	Nines and T		
Name and Title:	Name and 1	THE:	
Address:	Address:		
Name and Title:	Name and T	itle:	
Address:	Address:		

	e and Florida street address (P.O. Box NOT accepto	thle) of the registered agent is:	
Name:	Michael Shihinski	Service agent in	
Address:	5709 SE Abshier Blvd		
-	Belleview, FL 34420		
ARTICL	E VII INCORPORATOR		
The name	e and address of the Incorporator is:		
Name:	Michael Shihinski		
Address:	5709 SE Abshier Blvd		
	Belleview, FL 34420		
	icate. I am familia with and accept the appointment	as register du agent una agree to act in this capacity	
		12/27/2017	
_//	Required Signature/Registered Agent	12/27/2017 Date	
l submit i document		Date Date are true. I am aware that any false information su	bmitted in a
I submit t	this document and affirm that the facts stated herein to the Department of State constitutes a third degree	Date Date are true. I am aware that any false information su	bmitted in a
I submit t	his document and affirm that the facts stated hereir	Date a are true. I am aware that any false information su e felony as provided for in s.817.155, F.S.	bmitted in a