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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Eil	ing Officer:	1
Special Instructions to Fil	ing Onicer.	

Office Use Only



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T. BURCH FEB 1 2018

COVER LETTER

TO:	Charter Section Division of Cor	porations				
		g Protection Systems, Inc.				
SUBJ	JECT:		Parulting F1	orida Profit (Cornoration	
		Name of	Kesulting Fi	onga rioni v	Corporation	
		of Conversion, Articles Profit Corporation" in ac			es are submitted to convert and 5, F.S.	"Other Business
Please	e return all corresp	ondence concerning this	matter to:			
Willia	am B. Bosy					
		Contact Person				
Marin	ne Piling Protection S	Systems, Inc.				
		Firm/Company	_			
3609	South Waverly Place	3				
		Address		_		
Tamp	oa, FL 33629					
	····	City, State and Zip Code	2			
sales(@marinepilings.net					
	E-mail address: (to	o be used for future annu	ial report no	tification)		
For fi	urther information	concerning this matter.	please call:			
Willia	am B. Bosy	_	813 at (784-4	405	
	Name of Co	ontact Person		rea Code and	I Daytime Telephone Number	
Enclo	osed is a check for	the following amount:				
□ \$1		□\$113.75 Filing Fees and Certificate of Status			\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
New Divis Clift	EET ADDRESS: Filings Section sion of Corporation on Building Executive Center			New F Division P. O. E	ANG ADDRESS: Glings 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 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 Co	nversion is:
1. The name of the "Other Business Emily "Management"	조는 호
Marine Piling Protection Systems, LLC	
Enter Name of Other Business Entity	JAN 30
Limited Liability Corporation	30 30 11LE
2. The "Other Business Entity" is a	
(Enter entity type. Example: firmled habitity company, things partnership, common law or business trust, etc.)	705 -
171	987 <u>-</u>
to the laws of	. Ę≅ J
first organized, formed or incorporated under the laws of	· ·
08/02/2013	
on Enter date "Other Business Entity" was first organized, formed or incorpora	ted
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the la	WS OF WHICH IT IS HOW
organized, formed or incorporated:	
N/A	~·
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tion:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	<u></u>
Marine Piling Protection Systems, Inc.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date:	e el-4 hu tha Florida
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 riorida
Department of State.)	this date will not be
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements of State's records.	· · · · · · · · · · · · · · · · · · ·
listed as the document's effective date on the Department of State's records.	

Cianad thi	24 . January isday of	20
	Signature for Florida Profit Corporation:	
Signature Incorpora Printed N	of Chairman, Vice Chairman, Director, Office of the William B. Bosy Title: PVST	er, or, if Directors or Officers have not been selected, an
Required	1 Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]
Signature		MGRM
	William B. Bosy Name:	
Signature Printed 1	e:	
	e:	
Printed 3	Name:	Title:
	re:	
Printed	Name:	Title:
	те:	
	Name:	
Signatu	re:	
	Name:	
Signatu	ida General Partnership or Limited Liabilit are of one General Partner.	
<u>If Flor</u> Signatu	ida Limited Partnership or Limited Liabilitures of ALL General Partners.	y Limited Partnership:
If Flor Signate	ida Limited Liability Company: ure of a Member or Authorized Representative.	
All oth Signati	ners: ure 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)

RTICLE II PURPOSE the purpose for which the corporation is organized is: the of products and services to protect marine pilings from corrosion. ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS William B. Bosy/PVST Name and Title: Address: Tampa, FL 33629 Name and Title: Address: Address: Address: Address: Address: Name and Title: Address: Name and Title:		corporation shall be:		
Principal street address Mailing address, if different its. We south Waverly Place Impa. F1.33629 RTICLE II PURPOSE In the corporation is organized is: In ales of products and services to protect marine pilings from corrosion. ARTICLE IV SHARES I(0) The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS William B. Bosy/PVST Name and Title: Address: Tampa. F1.33629 Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	TICLE II	ce of business/mailing address is:		
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ARTICLE IV SHARES 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS William B. Bosy/PVST Name and Title: 3609 S. Waverly Place Address: Tampa, FL 33629 Name and Title: Address: Name and Title: Address: Name and Title: Address:				
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Address: Tampa, FL 33629 Name and Title: Address: Address: Name and Title: Name and Title: Name and Title:		tle:	Name and Title	
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A 11	Address: Name and T	3609 S. Waverly Place Tampa, FL 33629	Address: Name and Title: Address:	
Address: Address:	Address: Name and T Address:	3609 S. Waverly Place Tampa, FL 33629	Address: Name and Title: Address:	

ne <u>manne</u>	and Florida street address (P.O. Box NOT acceptab	e) or the registered agent is:
ame:	William B. Bosy	
ddress:	3609 South Waverly Place	<u> </u>
uuress.	Tampa, FL 33629	FIL JAN 30 JANASS
RTICL		30 PR
ie <u>name</u>	and address of the Incorporator is:	
ame:	William B. Bosy	
ddress:	3609 South Waverly Place	(1985년 - 1985년 - 1985년 - 1985년 - 1985
	Tampa, FL 33629	
****** laving b	icate, I am familiar with and accept the appointment of	**************************************
****** laving b iis certif	een named as registered agent to accept service of proficate, I am familiar with and accept the appointment of the appointment	as registered agent and agree to act in this capacity
his certif	Required Signature/Registered Agent	Date are true. I am aware that any false information submitted in
his certif	Required Signature/Registered Agent	Date are true. I am aware that any false information submitted in