P18000012018

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/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		

Office Use Only



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SECRETARY OF STAILS
FALL AHASSEE, FLORIDA

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COVER LETTER

TO: Charter Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: Firethorn In	ıc				
·	Name of	Resulting Florida P	rofit	Corporation	
	te of Conversion, Article Profit Corporation" in ac	-		ees are submitted to convert an '15, F.S.	"Other Business
Please return all corres	pondence concerning thi	s matter to:			
James E. Thomas					
	Contact Person				
Firethorn, Inc.					
	Firm/Company	_			
3197 NE Lake Avenue	_				
	Address				
Jensen Beach, FL 34957					
	City. State and Zip Cod	c			
james@firethornbuilt.cor					
E-mail address: (1	o be used for future annu	ual report notification	n)		
For further information	concerning this matter.	please call:			
James E. Thomas		at (772)	285-01	88	
Name of Co	ontact Person	_ `	e 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 I and Certified Cop		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	1
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center	ns	N D P.	ew Fi ivisio . O. B	ING ADDRESS: illings Section on of Corporations fox 6327 assec. FL 32314	

Certificate of Conversion

For

"Other Business Entity"

lnto

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.

22-miles 21-miles a 1 miles 2 form Extraction in accordance with 3, 007.1115, 1 tortula Statute	3.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conv	version is:
Firethom, LLC 47-224720	
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.)	1
first organized, formed or incorporated under the laws of	;
(Enter state, or if a non-U.S. entity, the name of the country)	
October 30, 2017 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 organized, formed or incorporated:	of which it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : Firethorn, Inc.	
Enter Name of Florida Profit Corporation	01
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 fil Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records.	
Page 1 of 2	,
Page 1 of 2 FACTOR ARASSET FLORIDA Page 1 of 2 FACTOR ARASSET FLORIDA Page 1 of 2	18 FEB -6 AM 10: 53

Signed this 17 day of January	. 2018			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: James E. Thomas Title: Presu	er, or, if Directors or Officers have not be	en sel	ected, a	n
Required Signature(s) on behalf of Other Business F	Entity: [See below for required signature	(s).]		
Signature:		_		
Printed Name: Printed Name:	7	_		
Signature:		_		
Printed Name:	Title:	_		
Signature:		_	l	
Printed Name:	Title:	_		
Signature:		_		
Printed Name:	Title:	_		
Signature:		_		
Printed Name:	Title:	_		
Signature:		_	l	
Printed Name:	Title:	_		
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:			
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.		SECRETA	18 FEB -	7
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)	SEE OF BEST	-6 AM 10: 53	

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

The name of the corporation shall be: Firethorn, Inc.		
		Ţ
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
• • •		
Principal street address 3197 NE Lake Avenue	Mailing addr	ress, if different is:
Jensen Beach, FL 34957		
		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
consulting		
		A C
		9-6
		THE E
ARTICLE IV SHARES		AM 10: 53
The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		愛克 3
ARTICLE V INITIAL OFFICERS AND/OR D	IRECTORS	## 11년
Name and Title: James E. Thomas, President	Name and Title:	· ·
3197 NF Lake Avenue		
Address:	Address:	<u> </u>
Jensen Beach, FL 34957	-	· · · · · · · · · · · · · · · · · · ·
Name and Title:		· ·
\ddress:		
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lame and Title:	Name and Title:	 _
iddress:	Address:	· · · · · · · · · · · · · · · · · · ·
1441 000.	Addiess.	

;

	James E. Thomas		1
	James E. Thomas		
s:	3197 NE Lake Avenue		
•	Jensen Beach, FL 34957		
	E VII INCORPORATOR		
me	and address of the Incorporator is:		
	James E. Thomas		
s:	3197 NE Lake Avenue		l
	Jensen Beach, FL 34957		
***	***********	************	
*** be tifi	**************************************	t as registered agent and agree to act in this	he place desig s capacity
*** be tifi	cate. I am familiar with and accept the appointmen	t as registered agent and agree to act in this	he place design capacity
*** be tifi	**************************************	**************************************	he place desig s capacity
tifi.	cate. I am familiar with and accept the appointmen	t as registered agent and agree to act in this - \gamma - \bar{8} Date n are true. I am aware that any false infor	s capacity
tifi.	Required Signature/Registered Agent	t as registered agent and agree to act in this - \gamma - \bar{8} Date n are true. I am aware that any false infor	s capacity

SCORE ARY OF STATE FALL AHASSEE, FLORIDA

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