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	(Requestor's Name)	
	(Address)	
	(Address)	
· · ·	(City/State/Zip/Phone	#)
PICK-UF	P WAIT	MAIL
	(Business Entity Name	e) .
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	

Office Use Only

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COVER LETTER

TO: Charter Section					
Division of Co	rporations	ı	1 -		
SUBJECT:	KNIH	OFJOIG	+ir	И	
	Name of	Resulting Flori	da Profit	Corporation	
	e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Busine 15, F.S.	ess
Please return all corresp	oondence concerning this	s matter to:			
Howard Bramblett					
	Contact Person	· · · · · · · · · · · · · · · · · · ·	_		
	P: /0		_		
	Firm/Company				
3801 County Road 2					
	Address				
Ariton, AL 36311					
	City, State and Zip Cod-	e			
howard.bramblett-ckm@	troycable.net				
E-mail address: (t	o be used for future annu	ual report notifi	cation)		
For further information	concerning this matter,	please call:			
Howard Bramblett		334 at (797-6	5139	
Name of Co	ontact Person		Code and	1 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 Fil and Certified		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS:				ING ADDRESS:	
New Filings Section Division of Corporation	ne.			ilings Section	
Clifton Building	15			on of Corporations Box 6327	
2661 Executive Center	Circle			assee, FL 32314	

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 Conversion is:	
CKM CORPORATION	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a Corporation for profit("S" Corporation)	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	
the State of Alabama	
first organized, formed or incorporated under the laws of the State of Alabama (Enter state, or if a non-U.S. entity, the name of the country)	
August 8, 2001	
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 organized, formed or incorporated: N/A	now
N/A	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : CHING TO CELLIFICATION OF THE OF THE 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 Fl Department of State.)	orida
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

FILED 2010 FEB - 7 PH 4: 34 SECRETARY OF STATE

Signed	thisday of	. 20_18	
<u>Requi</u>	red Signature for Florida Profit Corporation	<u>ı:</u>	
Signat Incorp Printed	ure of Chairman, Vice Chairman, Director, Off orator:	icer, or, if Directors or Officers have not b	een selected, an
Requi	red Signature(s) on behalf of Other Business	Entity: [See below for required signature	e(s).]
Signat	ure: Jouand Inameleter	t)	-
Printed	1 Name: // /Srahids/e	HTitle: Trasident	
Signat	ure:		
Printed	i Name:	Title:	
Signat	ure:		
Printed	l Name:	Title:	
Signat	ure:		_
	d Name:		
Signat	ure:		····
Printed	d Name:	Title:	<u>—</u>
Signat	ure:		_ _
Printed	i Name:	Title:	
If Flor Signat	rida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership:	
	rida <u>Limited Partnership or Limited Liabilit</u> ures of <u>ALL</u> General Partners.	y Limited Partnership:	
<u>lf Flo</u> Signat	rida Limited Liability Company: ure of a Member or Authorized Representative.		
All otl Signat	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)

ARTICLE I NAME The name of the corporation shall be:	WI Corporation	
	TO CONSCION	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
6500 Bridge Water Way, Unit 206		
Panama City Beach, FL 32407		<u>.</u>
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
Transacting any and or all lawful business for which corpor		
		
		_ <u>.</u>
		<u>—</u>
ARTICLE IV SHARES The number of shares of stock is:		
	ATT POR OD C	
ARTICLE V INITIAL OFFICERS AND/OR E		
Name and Title:	Name and Title:	2018
Address: 6500 Bridge Water Way, Unit 206	Address: 으로 프라	
Panama City Beach, FL 32407	TAR?	1-7
Name and Title:	Name and Title:	ж О Э
	LOTA	Ţ.
Address:		<u>ω</u>
Name and Title:		
Address:	Address:	

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptate	ole) of the registered agent is:
Name: Soward Branklett	
Address: 4500 Bridge Water	Way, Unit 406
PARIAMIA City Treach	Way, Unit 406, FL 32407
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Howard Bramblett	
Address: 6500 Bridge Water Way, Unit 206	
Panama City Beach, FL 32407	
**************	*******
Having been named as registered agent to accept service of pro this certificate, I am familiar with and accept the appointment is	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
Required Signature/Registered Agent	February 7,2018
Required Signature/Registered Agent	Date
submit this document and affirm that the facts stated herein locument to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in a felony as provided for in s.817.155. F.S.
	/
Howard sarakhit	February 7, 2018
Required Signature/Incorporator	Date