## P18000014527

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COV	VER.	LFI	TTF	R

TO: Charter Section Division of Corporations		
SUBJECT: ZSF DEVELOPMENT	CORP.	
SOBJECT.	Name of Resulting Florid	Profit Corporation
The enclosed Certificate of Conver Entity" into a "Florida Profit Corpo		n, and fees are submitted to convert an "Other Business 607.1115, F.S.
Please return all correspondence co	oncerning this matter to:	
Jomark Reyes		
Contac	et Person	-
MyUSAcorporation.com		
Firm/C	Company	-
1 Radisson Plaza, Ste. 800		
Ad	dress	-
New Rochelle, NY 10801		
City, State	and Zip Code	-
scostner@stacycostneresq.com		_
E-mail address: (to be used for	or future annual report notification	ition)
For further information concerning	this matter, please call:	
Jomark Reyes	at (	330-2677
Name of Contact Perso	on Area C	ode and Daytime Telephone Number
Enclosed is a check for the followi	ng amount:	
□ \$105.00 Filing Fees □ \$113.75 and Certif Status		•
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building		MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327

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 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	nversio	n is:	
ZS CORP.	Sta	2	
Enter Name of Other Business Entity		1810	
2. The "Other Business Entity" is a	学問	2018 FEB	7
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		ਜ PH PH	
first organized, formed or incorporated under the laws of	7.	<b>=</b>	Ċ
(Enter state, or if a non-U.S. entity, the name of the country)	32 - :	1: 44	
11/03/2000 on	i=	t-	
Enter date "Other Business Entity" was first organized, formed or incorporate	d		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	s or wn	ich II is	now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporatio</u>	n:		
ZSF DEVELOPMENT CORP.			
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.)	filed by	the F	lorida
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	is date	will no	t be
listed as the document's effective date on the Department of State's records.			

Signed thisday of	, 20 <mark></mark> .
Required Signature for Florida Profit Corporation	<u>:</u>
Signature of Chairman, Vice Chairman, Director, Offi Incorporator:  Printed Name: Stacy Costner  (Title: Incorporation)	orator
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature: Hary Cel	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	
lf Florida Limited Partnership or Limited Liability	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
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)

Mailing address, if different is:
<del></del>
IRECTORS
RECTORS
Name and Title:  Stacey N Fernandes - Vice President 307 LAGOON DRIVE
Name and Title:  Stacey N Fernandes - Vice President  Address:  Stacey N Fernandes - Vice President  Address:
Name and Title:  Stacey N Fernandes - Vice President 307 LAGOON DRIVE
Name and Title:  Stacey N Fernandes - Vice President  307 LAGOON DRIVE  PALM HARBOR, FL., 34683
Name and Title:  Stacey N Fernandes - Vice President  307 LAGOON DRIVE  PALM HARBOR, FL. 34683
Name and Title:  Stacey N Fernandes - Vice President  307 LAGOON DRIVE  PALM HARBOR, FL. 34683  Name and Title:  Jeffrey M Fernandes - Treasurer  307 LAGOON DRIVE
Name and Title:  Stacey N Fernandes - Vice President 307 LAGOON DRIVE  PALM HARBOR, FL. 34683  Name and Title:  Jeffrey M Fernandes - Treasurer  307 LAGOON DRIVE  Address:
Name and Title:  Stacey N Fernandes - Vice President  307 LAGOON DRIVE  PALM HARBOR, FL. 34683  Name and Title:  Jeffrey M Fernandes - Treasurer  307 LAGOON DRIVE
Name and Title:  Stacey N Fernandes - Vice President 307 LAGOON DRIVE  PALM HARBOR, FL. 34683  Name and Title:  Jeffrey M Fernandes - Treasurer  307 LAGOON DRIVE  Address:  PALM HARBOR, FL. 34683
Name and Title:  Stacey N Fernandes - Vice President 307 LAGOON DRIVE  PALM HARBOR, FL. 34683  Name and Title:  Jeffrey M Fernandes - Treasurer  307 LAGOON DRIVE  Address:

	Stacey N Fernandes	
	307 LAGOON DRIVE	
	PALM HARBOR, FL, 34683	
	VII INCORPORATOR	
<u>1e</u>	and address of the Incorporator is:  Stacy Costner	
::	694 GREENGLEN LN.	
	PALM HARBOR, FL 34684	
*** bei	**************************************	**************************************
be diffe	en named as registered agent to accept service of rate, I am familiar with and accept the appointme  Required Signature/Registered Agent	t as registered agent and agree to act in this capacity
it th	Required Signature/Registered Agent	at as registered agent and agree to act in this capacity  O1/24/2018  Date  I am aware that any false information subm
ir th	Required Signature/Registered Agent	01/24/2018  Date  n are true. I am aware that any false information subm