P18000022536

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

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SECRETARY OF STATE

COVER LETTER

TO:

Charter Section

Tallahassee, FL 32301

Divisio	n of Corporations		
SUBJECT:	T&M Enterprises of South Flor	rida, Inc.	
3000001	Name of	f Resulting Florida Profi	t Corporation
	ertificate of Conversion, Article Florida Profit Corporation" in a		fees are submitted to convert an "Other Business 115, F.S.
Please return all	correspondence concerning th	is matter to:	
Michelle Rosenbe	erry		
	Contact Person		
T&M Enterprises	of South Florida, Inc.		
	Firm/Company		
1490 S Palm Ave	nue		
	Address		
Pembroke Pines,	FL 33025		
	City, State and Zip Coo	ie	
customerservice@	Dicraftforless.com		
E-mail add	ress: (to be used for future ann	ual report notification)	
For further infor	mation concerning this matter,	please call:	
Michelle Rosenbe	erry	at (954) 430-	2090
Nam	e of Contact Person	Area Code ar	d Daytime Telephone Number
Enclosed is a che	eck for the following amount:		
□ \$105.00 Filin	g Fees \$\Bigsig \\$113.75 \text{ Filing Fees} and Certificate of Status	■\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDI New Filings Sec Division of Corp Clifton Building 2661 Executive 6	tion orations	New l Divis P. O.	LING ADDRESS: Filings Section ion of Corporations Box 6327 nassee, FL 32314

Tallahassee, FL 32314

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 Busine	ss Entity" immediately prior to the filing of this Certificate of Conversion is:
T&M Enterprises	Document #GP1000000335
	Enter Name of Other Business Entity
2. The "Other Business Entity" is	General Partnership
(Enter entit	type. Example: limited liability company, limited partnership, rtnership, common law or business trust, etc.)
first organized, formed or incorpor	ated under the laws of
(En	ter state, or if a non-U.S. entity, the name of the country)
3/15/2010 on	
	Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other organized, formed or incorporated:	Business Entity" was changed, the state or country under the laws of which it is now
4. The name of the Florida Profit (Corporation as set forth in the attached Articles of Incorporation:
T&M Enterprises of South Florida, In	
	Enter Name of Florida Profit Corporation
Department of State.) Note: If the date inserted in this bl	ing, enter the effective date: rior to nor more than 90 days after the date this document is filed by the Florid ock does not meet the applicable statutory filing requirements, this date will not be ate on the Department of State's records.

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SECRETARY OF STATE

Signed this 28th day of February	, 20 <mark></mark> .	
Required Signature for Florida Profit Corporation		
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Printed Name: Michelle Roscoberry Title: Pres	icer, or, if Directors or Officers have not be	en selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(
Signature:		_
Printed Name: Muhelle Rosenberry	Title: Prosident	-
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.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
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)

ARTICLE I	I PRINCIPAL OFFICE		
	place of business/mailing address is:		
1490 S Palm /	Principal street address Avenue		Mailing address, if different is
embroke Pin	es, FL 33025		
The purpose	II PURPOSE for which the corporation is organized is		
_ For	profit Online retail.	<u>. </u>	
		<u> </u>	
ARTICLE I The number o	V SHARES f shares of stock is:		
The number o	V SHARES f shares of stock is: V INITIAL OFFICERS AND/OR		
he number o	f shares of stock is:		Tracy Placancia, Vice Preside
The number of th	f shares of stock is: V INITIAL OFFICERS AND/OR	DIRECTORS Name and Title:	Tracy Placancia, Vice Preside
The number o	f shares of stock is: V INITIAL OFFICERS AND/OR tle: Michelle Rosenberry, President 1490 S Palm Avenue	DIRECTORS Name and Title:	Tracy Plasencia, Vice Presider
The number of ARTICLE 1 Name and Tit Address:	f shares of stock is: V INITIAL OFFICERS AND/OR Michelle Rosenberry, President 1490 S Palm Avenue	DIRECTORS Name and Title: Address:	Tracy Plasencia, Vice Presider 1490 S Palm Avenue Pembroke Pines, FL 33025
The number of th	f shares of stock is: V INITIAL OFFICERS AND/OR Michelle Rosenberry, President 1490 S Palm Avenue Pembroke Pines, FL 33025	DIRECTORS Name and Title: Address: Name and Title:	Tracy Plasencia, Vice Presider 1490 S Palm Avenue Pembroke Pines, FL 33025
The number of ARTICLE 1 Name and Tit Address: Name and Tit Address:	Michelle Rosenberry, President 1490 S Palm Avenue Pembroke Pines, FL 33025	DIRECTORS Name and Title: Address: Name and Title: Address:	Tracy Plasencia, Vice Presider

ARTICI	E VI REGISTERED AGENT	
		NOT acceptable) of the registered agent is:
Name:	Michelle Rosenberry	
Address:	1490 S Palm Avenue	
	Pembroke Pines, FL 33025	
<u>ARTICL</u>	E VII INCORPORATOR	
The <u>namo</u>	and address of the Incorporator is:	
Name:	Michelle Rosenberry	
Address:	1490 S Palm Avenue	
	Pembroke Pines, FL 33025	
		-
******	***********	· **************
******* Having be this certifi	en named as registered agent to accept	**************************************
******* Having be this certifi	een named as registered agent to accept icate, I am familiar with and accept the d	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
******** Having bo this certifi	en named as registered agent to accept	service of process for the above stated corporation at the place designated in
this certifi	een named as registered agent to accept icate, I am familiar with and accept the accept the Required Signature/Registered Agent this document and affirm that the facts s	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity $\frac{2/38/18}{\text{Date}}$
this certifi	een named as registered agent to accept icate, I am familiar with and accept the accept the Required Signature/Registered Agent this document and affirm that the facts s	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity $\frac{2/38/18}{\text{Date}}$