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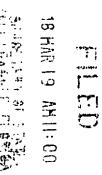
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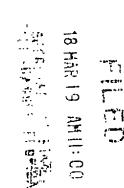
## **COVER LETTER**

TO:	Charter Section Division of Cor				
SUBJ	ECT: Emerald Co	ast Restaurants inc			
		Name of	Resulting Flori	da Profit	Corporation
		e of Conversion, Article Profit Corporation" in ac			ces are submitted to convert an "Other Business 15, F.S.
Please	e return all corresp	nondence concerning this	s matter to:		
Charle	es E. Gleason				
		Contact Person		_	
Emera	ld Coast Restauran	ts Inc			
		Firm/Company		<del></del> -	
728 R	odney Ave NE				
	· ·	Address		<del>_</del>	
Fort W	Valton Beach, FL 32	2547			
		City, State and Zip Code	e	<del></del>	
<del>-</del>	so@yahoo.com			<u> </u>	
J	E-mail address: (t	o be used for future annu	ual report notifi	cation)	
For fu	rther information	concerning this matter,	please call:		
Charle	es Gleason		_at (	339-80	030
	Name of Co	ontact Person	Area	Code and	l Daytime Telephone Number
Enclo	sed is a check for	the following amount:			
<b>=</b> \$10	05.00 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
	EET ADDRESS: Filings Section				ING ADDRESS: ilings Section

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

New Filings Section Division of Corporations P. O. Box 6327 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 Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Emerald Coast Restaurants Imc FII - 3535
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S Corporation
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)  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 of which it is now organized, formed or incorporated:  N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Emerald Coast Restaurants Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 3/15/18  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid: Department of State.)

<u>Note:</u> 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.

\$35.00

\$70.00

\$8.75 (Optional)

Signature of an authorized person.

Certified Copy:

Certificate of Conversion:

Fees for Florida Articles of Incorporation:

Fees:

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

Restaurants Inc.
Mailing address, if different is:
728 Rodney Ave NE
Fort Walton Beach, FL 32547
is:
• ¬ -
<u> </u>
R DIRECTORS
Name and Title: Rita E Gleason - Secretary
Address: 728 Rodney Ave NE
Fort Walton Beach, FL 32547
Name and Title:
Address:

Name:	Charles E. Gleason	
Address:	728 Rodney Ave NE	
Nuu css.	FWB, FL 32547	
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	Charles E. Gleason	
Address:	728 Rodney Ave NE	
	FWB, FL 32547	
		******* ocess for the above stated corporation at the place designate
	een named as registered agent to accept service of proficate, I am familiar with and accept the appointment of	
this certifi	Required Signature/Registered Agent	as registered agent and agree to act in this capacity  3/5//8  Date  are true. I am aware that any false information submitted
this certifi	Required Signature/Registered Agent  his document and affirm that the facts stated herein	as registered agent and agree to act in this capacity  3/5//8  Date  are true. I am aware that any false information submitted
this certifi	Required Signature/Registered Agent  his document and affirm that the facts stated herein	as registered agent and agree to act in this capacity  3/5//8  Date  are true. I am aware that any false information submitted