# 718000029117

(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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#### **COVER LETTER**

то:	Charter Section Division of Cor					
SUBJ	JECT: MyTopper2	, Inc S/E				
3020		Name of	Resulting Florid	la Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			Gees are submitted to convert an "Other Busine 15, F.S.	288
Please	e return all corresp	oondence concerning thi	s matter to:			
Harry	B. Gosman					
		Contact Person	<del></del>	_		
МуТо	pper2, Inc S/E					
		Firm/Company		_		
133 G	reenbrier Drive					
		Address		_		
Palm S	Springs, FL 33461					
		City, State and Zip Cod	e	<del></del>		
hbruce	et101@aol.com					
	E-mail address: (t	o be used for future annu	ual report notific	cation)		
For fu	ırther information	concerning this matter,	please call:			
Harry	B. Gosman		_561 _at (	317-7	965	
	Name of Co	ontact Person		Code and	d 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 Fili and Certified (		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto	ET ADDRESS: Filings Section on of Corporation n Building Executive Center			New F Division P. O. E	LING ADDRESS: Filings Section on of Corporations Box 6327 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.

e of Conversion is:
<del></del>
ership,
<del></del>
rporated
the laws of which it is now
poration:
·
ents, this date will not be

Signed this 22nd day of March		
Required Signature for Florida Profit Corporation	<u>:</u>	
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: Harry B. Gosman Title: Director	cer, or, if Directors or Officers have not be	en selected, an
Required Signature(s) on behalf of Other Business		
Signature: Haufs. Lower'		_
Printed Name: Harry B. Coman	Title: President	_
Signature:		
Printed Name:		
Signature:		_
Printed Name:		
Signature:		_
Printed Name:		
Signature:	·····	_
Printed Name:		
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liability Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		70 71 20 YA
All others: Signature of an authorized person.		Co P
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)	AN 10: 06

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

The name of the corporation shall be: My Topper2, Inc S/E	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
	NATIONAL DE LIGHT DE LA CONTRACTOR DE LA
Principal street address 133 Greenbrier Drive	Mailing address, if different is:
Palm Springs, FL 33461	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Realestate Investment	
	<u> </u>
	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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	A many species
	11/42 En 1
ARTICLE IV SHARES 10,000	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DI	PROTOPS
<del></del>	NDC T CAS
Name and Title: Harry B. Gosman, President	Name and Title:
Address: 133 Greenbrier Drive	Address:
Palm Springs, FL. 33461	<del></del>
Name and Title: Wanda C. Gosman, Secretaruy Treasurer	AT TOTAL
Address: 133 Greenbrier Drive	A .t.d=====
Palm Springs, FL. 33461	
Name and Title:	
Address:	
-	

	E VI REGISTERED AGENT		
The name	e and Florida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Harry B. Gosman		
Address:	133 Greenbrier Drive		
	Palm Springs, FL. 33461		
ARTICL	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	Harry B. Gosman		
Address:	133 Greenbrier Drive		
	Palm Spprinhgs, FL. 33461		
******	**************************	********	
Having be this certifi	een named as registered agent to accept service of picate, I am familiar with and accept the appointmen	process for the above stated corporation at the pla it as registered agent and agree to act in this capa	ice designated it city
,			
	Hank. Harressi	March 22, 2018	
	Required Signature/Registered Agent	Date	
I submit t	his document and affirm that the facts stated herei	in are true. I am aware that any false informatio	n submitted in d
document	to the Department of State constitutes a third degr	ee felony as provided for in s.817.155, F.S.	
A	Lary's Some	Marcg 22, 2018	
	Required Signature/Incorporator	Date	

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