7180000033433

(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

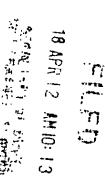
			COVER L	ETTER		
то:	Charter Section Division of Co	rporations				
SUBJE	CT: DUSTIN RO	OMANS VAN ANTWERI	P, PA			
501771		Name of	Resulting Flor	ida Profit	Corporation	
		e of Conversion. Article Profit Corporation" in ac			ees are submitted to convert an 15, F.S.	"Other Business
Please i	return all corresp	oondence concerning thi	s matter to:			
SELMA	HIDIC					
*		Contact Person				
DEBBI	E'S ACCOUNTIN	NG SERVICE, INC				
		Firm/Company				
3575 SC	OUTHSIDE BLV	D				
•		Address				
JACKS	ONVILLE, FL 32	2216				
		City, State and Zip Cod	e			
SELMA	AHIDIC@AOL.C	ОМ				
E	-mail address: (t	o be used for future anni	al report notif	ication)		
For furt	her information	concerning this matter.	please call:			
SELMA	HIDIC		904 _at (733	4547	
	Name of Co	ontact Person		Code and	Daytime Telephone Number	
Enclose	ed is a check for	the following amount:				
\$105	5.00 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	
New Fi Divisio Clifton 2661 E:	ET ADDRESS: lings Section n of Corporation Building xecutive Center ssee, FL 32301			New F Divisio P. O. E	ilings Section on of Corporations Box 6327 assee, 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:
DUSTIN ROMANS VAN ANTWERP, PLLC U5-62651
Enter Name of Other Business Entity
2. The "Other Business Entity" is a PROFESSIONAL LIMITED LIABILITY COMPANY
(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)
04/09/2015 on .
Enter date "Other Business Entity" was first organized, formed or incorporated
 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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
DUSTIN ROMANS VAN ANTWERP, PA
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 1-1-2018. (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Page 1 of 2



Signed this 12 day of DECEMBER	. 20			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Office Incorporator: DUSTIN VAN ANTWERP Printed Name: DUSTIN VAN ANTWERPTitle: PRESID		en selec	ted, an	1
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]		
Signature:		_		
Printed Name:DUSTIN VAN ANTWERP	Title: MGR	_		
Signature:		-		
Printed Name:	_ Title:	_		
Signature:		_		
Printed Name:				
Signature:		_		
Printed Name:	_ Title:	-		
Signature:		_		
Printed Name:	_ Title:	_		
Signature:		-		
Printed Name:	Title:	_		
If Florida General Partnership or Limited Liability I Signature of one General Partner.	Partnership:		18 /	
If Florida Limited Partnership or Limited Liability I Signatures of ALL General Partners.	<u> Limited Partnership:</u>	Marie	APR 12	Trans
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		r in the control of t	AH 10: 13	
All others: Signature of an authorized person.		T.	<u></u>	
Fees:				

Page 2 of 2

\$8.75 (Optional) \$8.75 (Optional)

\$35.00

\$70.00

Certificate of Conversion:

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

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

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address	Mailing :	address, if different is:
13824 WINDJAMMER LN	13824 WINDJAM	٠٠٠٠
JACKSONVILLE, FL 32224	JACKSONVILLE 	:, FL 32224
ARTICLE III PURPOSE The purpose for which the corporation is organized is AND SULLEWFURPOSE C	cl Estate	Agent
		### ## ### ##
		1 2 1 2
ARTICLE IV SHARES The number of shares of stock is:		100
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS The Name and Title:	10: 13 (2) (3)
Name and Title: , F163	Name and Title:	
Address:	Address:	
JACKSONVILLE, FL 32224		
		
JACKSONVILLE, FL 32224 Name and Title: Address:	Name and Title:	
Name and Title:	Name and Title:Address:	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DUSTIN VAN ANTWERP Name: 13824 WINDJAMMER LN Address: JACKSONVILLE, FL 32224 ARTICLE VII **INCORPORATOR** The <u>name and address</u> of the Incorporator is: DUSTIN VAN ANTWERP Name: 13824 WINDJAMMER LN Address: JACKSONVILLE, FL 32224 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 12/12/2017 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator

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