

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



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04/23/18--01032--023 **122.50

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COVER LETTER A PROPERTY OF STREET

TO:	Charter Section Division of Cor					
SHRI	ECT: Chartered Ed					
3010		Name of	Resulting Florida Pro	fit C	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			es are submitted to convert an 5, F.S.	"Other Business
Please	return all corresp	ondence concerning this	s matter to:			
Jeff W	eisberg/					
		Contact Person				
Charte	ered Equity Corp					
		Firm/Company			المجاري المجاري	6
6547	Midnight Pass Rd#	50			;- ; ;- ;	司二
		Address			™ ;v : ===	PR 23 PM 12: 39
Sarase	ota. FI 34242					7 17
		City, State and Zip Cod	2			ن پر
jeff@	daddyworksfromho	me.com				
	E-mail address: (t	o be used for future annu	nal report notification	1)		
For fi	irther information	concerning this matter,	please call:			
Jeff W	/eisberg		at (298	8-31	77	
	Name of Co	ontact Person	_ \	and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
□ \$1	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fe and Certified Copy	ees	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	EET ADDRESS:				NG ADDRESS:	
	Filings Section ion of Corporation	18			lings Section n of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314

Cortificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

200 But 1800

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 Conversion is:
Chartered Equity Corp
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
Enter Name of Other Business Entity 2. The "Other Business Entity" is a (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)
first organized, formed or incorporated under the laws of California
(Enter state, or if a non-U.S. entity, the name of the country)
5/12/69 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> : Chartered Equity Corp
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 4/1/18 (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.

Required Signature for Florida Profit Corporation	<u>:</u>	
Signature of Chairman, Vice Chairman, Director, Offi		
Incorporator: Printed Name: Jeff Weisberg Title: Preside	ent	
Required Signature(s) on behalf of Other Business		
Signature:	·	
Printed Name: Signature: Printed Name:	President Title:	
Signature All Mark		
Signature.		
Printed Name: // / //	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
<u>If Florida General Partnership or Limited Liabilit</u>	v Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability	y Limited Partnership:	
Signatures of ALL. 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:	\$35.00	
Fees for Florida Articles of Incorporation:	\$70.00	
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)	

The name of the cor	NAME Chartered Equity Corp		
	PRINCIPAL OFFICE		
	of business/mailing address is:		
Pr 6547 Midnight Pass I	incipal street address Rd #50	Mailing address, if different	is:
Sarasota, Fl 34242			
ARTICLE III	PURPOSE nich the corporation is organized is:		18 APR 23 PH 12: 3
-	t Sales & Business Development		R 23
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ARTICIEIV	SHADES		
ARTICLE IV S			
The number of share	es of stock is:		
The number of share	es of stock is: NITIAL OFFICERS AND/OR DIR T Weisberg/President	ECTORS	
ARTICLE V II Name and Title:	es of stock is:	Name and Title:	
ARTICLE V II Name and Title: Address:	es of stock is:	ECTORS	
ARTICLE V II Name and Title: Address: Sau	es of stock is: 100 NITIAL OFFICERS AND/OR DIR T Weisberg/President 47 Kanan Rd #50 rasota, Fl 34242 cob Weisberg/Director	Name and Title: Address:	
The number of share ARTICLE V II Name and Title: 65- Sai Name and Title: 165- Sai Name and Title: 665- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 666- 6	es of stock is: NITIAL OFFICERS AND/OR DIR T Weisberg/President 47 Kanan Rd #50 rasota, Fl 34242 rob Weisberg/Director 47 Midnight Pass Rd #50	Name and Title: Address: Name and Title:	
ARTICLE V II Name and Title: 65- Address: 5a Name and Title: Jac Address: 65- Address: 65-	es of stock is: 100 NITIAL OFFICERS AND/OR DIR T Weisberg/President 47 Kanan Rd #50 rasota, Fl 34242 tob Weisberg/Director	Name and Title: Address:	
The number of share ARTICLE V II Name and Title: Address: San Name and Title: Address: San San San San	es of stock is: 100 NITIAL OFFICERS AND/OR DIR T Weisberg/President 47 Kanan Rd #50 rasota, Fl 34242 cob Weisberg/Director 47 Midnight Pass Rd #50	Name and Title: Address: Name and Title:	

	•	able) of the registered agent is:
Name:	Jeff Weisberg	
Address:	6547 Midnight Pass Rd #50	ELC 6 V
	Sarasota, Fl 34242	6 PP. 2.3 PM 12: 31
ARTICL	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	Jeff Weisberg	
Address:	6547 Midnight Pass Rd #50	•
	Sarasota, Fl 34242	
***	*******	*****

	icate, I am funiliar with and accept the appointmen	
		t as registered agent and agree to act in this capacity
this certif	Required Signature/Registered Agent	t as registered agent and agree to act in this capacity 4/15/18 Date n are true. I am aware that any false information submitted in
this certif	Required Signature/Registered Agent his document and affirm that the facts stated herei	t as registered agent and agree to act in this capacity 4/15/18 Date n are true. I am aware that any false information submitted in