## D1800003833

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<del>e</del> #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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## COVER LETTER

Division of Corporations			
SUBJECT: Crosshair Advisors Inc.	W18	00003565E	
Name	of Resulting Florida P	Profit Corporation	
The enclosed Certificate of Conversion, Arti Entity" into a "Florida Profit Corporation" in	-		Other Business
Please return all correspondence concerning	this matter to:		
Deborah E. Nixon			
Contact Person			
Crosshair Advisors LLC			
Firm/Company			10 HR 23 MIII: 50
4606 S MacDill Ave			2000年
Address			3
Tampa, FL 33611			
City, State and Zip (	Code		985
deborah.nixon@crosshairadvisors.com			<del>ا</del> لاً
E-mail address: (to be used for future	annual report notification	on)	
For further information concerning this mat	ter, please call:		
Deborah E. Nixon	at ( <u>202</u>	258-0731	
Name of Contact Person	Area Cod	le and Daytime Telephone Number	
Enclosed is a check for the following amount	nt: Provided 4	4/3/18 application -	on FILE
□ \$105.00 Filing Fees □\$113.75 Filing Fe and Certificate of		y Certified Copy, and	
Status		Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations	N D	MAILING ADDRESS: New Filings Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tullabasses El. 32301		C.O. Box 6327 Callahassec, FL 32314	

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

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:
Crosshair Advisors LLC L15000040580	يمس
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a Limited Liability Corporation	. 2 2
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	18 APR 23 AH 11: 50
first organized, formed or incorporated under the laws of Florida	
(Enter state, or if a non-U.S. entity, the name of the country)	经历
March 5, 2015 on	Gr <sup>ee</sup>
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 whitogranized, formed or incorporated:  Florida	ch it is now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
Crosshair Advisors Inc.	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date:  (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.)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date valued as the document's effective date on the Department of State's records.	vill not be

20th April	18	
Signed thisday of	, 20	
Required Signature for Florida Profit Corporation	<u>ı:</u>	
Signature of Chairman, Vice Chairman, Director Off Incorporator:  Printed Name: Deborah E. Nixon  Title: Manage	ging Officer	lected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]	
Signature: Und sul F. Music	<u>~</u>	F0 6
Printed Name: Deborah E. Nixon	Title: Managing Officer	るる
Signature:		23
	Title: Officer	F11L 50
Signature:	<del> </del>	50
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
<u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit	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: 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 NAME Crosshair Advisors Inc	c.			
The name of the corporation shall be:				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
Principal street address		Mailing address, if differe	ent is:	
4606 S MacDill Ave				
Tampa, FL 33611		<del>-</del>	-	
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:			発質	8
To engage in business advisory and training services; may put	rsue any other lawful	business permitted by the		APR
laws of any jurisdiction in which the Company may do busine	ess,		47.7	23
as approved by the controlling officer(s); and possesses the au	thority needed to acc	omplish		A
its purposes and operate its business			•	
				<del>-</del>
	<del></del>			
		····		
ARTICLE IV SHARES				
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS AND/OR DIS	PEYTADO			
Deborah P. Nixon, Managing Officer	<u> </u>	Robert L. Phifer		
Name and Title:  4606 S MacDill Ave	Name and Title	4606 S MacDill Ave		
Address:	Address:			
Tampa, FL 33611		Tampa, FL 33611		
Name and Title:	Name and Title	::		
Address:	Address:			
<del></del> .	-			
Name and Title:	Name and Title	<u> </u>	<del></del> -	
Address:	Address:			<del></del>

ARTICLE			
The name	and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	CT Corporation System		F. 6 - 10
Address:	1200 South Pine Island Road		第二
	Plantation, FL 33324		23 1
ARTICLI	E VII INCORPORATOR		18 APR 23 AH 11:50
The name	and address of the Incorporator is:		· · · ·
Name:	Deborah E. Nixon		
Address:	4606 S MacDill Ave		
	Tampa, FL 33611		
*******		*********	
	en named as registered agent to accept service of process , cate, I am familiar with and accept the appointment as reg		
lon	Jennifer Quinn - Assistant Secretary	4/20/2018	
	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herein are tr to the Department of State constitutes a third degree felon		
	esons ? Mai	4/20/2018	
	Required Signature/Incorporator	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.

Incorporator/Deborah E. Nixon

April 20, 2018 Date

18 APR 23 AM 11:50