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(Rec	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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SECRETARY OF STATE

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COVER LETTER

Division of	Corporations				
SUBJECT: AUCTIO	ON SERVICES INTERNATI	ONAL/FLORID	A 100 REA	ALTY, INC.	
Name of Resulting Florida Profit Corporation					
	icate of Conversion, Article ida Profit Corporation" in a			ees are submitted to convert an "Other Busine 15, F.S.	SS
Please return all cor	respondence concerning th	is matter to:			
JON D. RICE					
	Contact Person				
AUCTION SERVICE	ES INTERNATIONAL				
	Firm/Company				
17140 THUNDER R	OAD, SUITE B				
	Address				
JUPITER, FL 33478					
	City, State and Zip Cod	le			
JONRICE@BELLSC	DUTH.NET				
E-mail address	s: (to be used for future ann	ual report notifi	cation)		
For further informat	ion concerning this matter,	please call:			
JON D. RICE		at (632-4	1572	
Name of	f Contact Person	Area	Code and	d Daytime Telephone Number	
Enclosed is a check	for the following amount:				
3 \$105.00 Filing Fe	ees \$113.75 Filing Fees and Certificate of Status	□\$113.75 Fill and Certified		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES New Filings Section Division of Corpora Clifton Building 2661 Executive Cen	tions		New F Division P. O. E	LING ADDRESS: Cilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

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: AUCTION SERVICES INTERNATIONAL, LLC $17-257409$
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
tirst organized, formed or incorporated under the laws ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on DECEMBER 18, 2017
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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
AUCTION SERVICES INTERNATIONAL/FLORIDA 100 REALTY, 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.) Note: 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.

Page 1 of 2

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SECRETARY OF STATE TALLAHASSEE, FI DRIDA

Signed this 25 day of APPL	. 20 18			
Required Signature for Florida Profit Corporation	<u>ı:</u>			
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: Printed Name: JON D. RICE Title: PRESI	icer, or, if Directors or Officers have no	ot been se	elected.	. an
·				
Required Signature(s) on behalf of Other Business	Entity: [See below for required signa	ture(s).]		
Signature:				
Printed Name: MICHAEL G. RICE	Title: AUTHORIZED MEMBER			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:		SEUX NLLLAI	18 A	
Printed Name:	Title:	TE U	APR 31	 ::::
Signature:		133 10 7	O AM	Ш
Printed Name:	Title:	FLOR AIS	رة 13	0
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	Y OF STATE EE, FLORIDA	36	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:			
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: 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	VICES INTERNATIONAL (EL OPIDA 100 PEALTY INC	
The name of the corporation shall be:	VICES INTERNATIONAL/FLORIDA 100 REALTY, INC.	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
15.1		
Principal street address 17140 THUNDER ROAD, SUITE B	Mailing address, if different is:	
JUPITER, FL 33478		_
70111ER, 112 33410	_	_
		_
ARTICLE III PURPOSE		
The purpose for which the corporation is organized i	15:	
ANY AND ALL LAWFULL BUSINESS		_
		-
		-
		-
	<u>≥</u> 0	-
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	To the	Ċ
ARTICLE IV SHARES 100	STATE LORIE	
The number of alcours of starts in	ŽA DE 6	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS	
Name and Title: JON D. RICE, PRESIDENT	Name and Title:	
17140 THUNDER ROAD, SHITE R		_
Address:	Address:	—
JUPITER, FL 33478		
Name and Title:	Name and Title:	_
Address:	Address:	
		_
		_
Name and Title:	Name and Title:	
• .d.d		
Address:	Address:	_

	and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	JON D. RICE	
Address:	17140 THUNDER ROAD, SUITE B	-
	JUPITER, FL 33478	-
ARTICL		
The <u>name</u>	and address of the Incorporator is:	
Name:	JON D. RICE	
Address:	17140 THUNDER ROAD	
	JUPITER, FL 33478	
******** Having be	**************************************	******** rvice of process for the above stated corporation at the place designated in
this certifi	cate, I am familiar with and accept the ap	pointment as registered agent and agree to act in this capacity
\mathcal{A}_{m}	, Die	04/25/20p
V	Required Signature/Registered Agent	Date
l submit ti document	his document and affirm that the facts sta to the Department of State constitutes a tl	ted herein are true. I am aware that any false information submitted in a ird degree felony as provided for in s.817.155, F.S.
1	_ 20	94/25/2m#
——	Regulred Signature/Incorporator	Date

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SECHETARY OF STATE TALLAHASSEE, FLORIDA