

P18000040329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 07 2018



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18 APR 16 PM 12:08  
SECRETARY OF STATE  
PAID 122.50

**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:

CONSTELLATION CAPITAL CORPORATION

Enter Name of Other Business Entity

2. The "Other Business Entity" is a SUB S CORPORATION  
(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 NEW JERSEY  
(Enter state, or if a non-U.S. entity, the name of the country)

on SEPT. 23, 1993  
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:

PENNSYLVANIA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

CONSTELLATION CAPITAL CORPORATION

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: FEB 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.)

**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.

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18 APR 16 PM 12:06  
SECTION 607.1115  
FALL 2018

Signed this 8 day of April, 2018

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: George R. Zoffinger

Printed Name: George R. Zoffinger Title: President P

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: George R. Zoffinger

Printed Name: George R. Zoffinger Title: President P

Signature: Judith A. Zoffinger

Printed Name: JUDITH A. Zoffinger Title: Vice President VS

Signature: Christina Zoffinger

Printed Name: CHRISTINA Zoffinger Title: Secretary V

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability 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:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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ALL AMERICA

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

**ARTICLE I NAME**

The name of the corporation shall be: CONSTELLATION CAPITAL CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

13940 WILLISTON WAY

NAPLES, FL 34119

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDER OF FINANCIAL SERVICES AND REAL ESTATE DEVELOPMENT

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10 APR 16 PM 12:08  
SHERIFF  
CLERK

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: George E. Zoffingel - P

Address: 13940 WILLISTON WAY

NAPLES, FL 34119

Name and Title: CHRISTINE ZOFFINGEL - V

Address: 7 MAIDSTONE CT

SKILLMAN, NJ 08558

Name and Title: JUDITH A. ZOFFINGEL - VS

Address: 13940 WILLISTON WAY

NAPLES, FL 34119

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: George R. Zoffinger

Address: 13940 W. Histon Way  
NAPLES, FL 34119

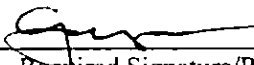
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: George R. Zoffinger

Address: 13940 W. Histon Way  
NAPLES, FL 34119

\*\*\*\*\*  
*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*

  
Required Signature/Registered Agent

4/8/18  
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

4/8/18  
Date

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TALLAHASSEE, FL