

PI8000042473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

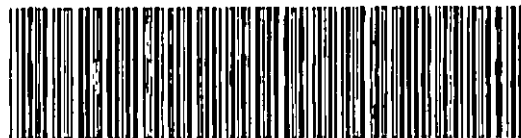
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Per Gina + Tim  
back date to  
May 4, 2018.

TJS 5-14-18

Office Use Only



900312856889

05/07/18--01001--008 ♦♦113.75

18 MAY -4 PM 4:29

FILED

18 MAY -4 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 11 2018

T SCHROEDER



**CAPITOL  
SERVICES**

## Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock C/O Capitol Services, Inc.

Date: 5/4/2018

Trans#: 975869

*\* Please send  
to New Filings \**

**Entity Name:**

1.) TAX RECEIVABLE CORPORAITON (NC) CONVERTING INTO TAX RECEIVABLE  
CORPORATION (FL)

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion ( XX )

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

STATE FEES PREPAID WITH CHECK#1214 FOR \$113.75

PLEASE RETURN:

Certified Copy ( XX ) Plain Photocopy ( )

Good Standing ( ) Certificate of Fact ( )

TAX RECEIVABLE CORPORATION  
940 CENTRE CIRCLE, SUITE 2005  
ALTAMONTE SPRINGS, FL 32714

TO: Florida Department of State  
Division of Corporations  
Section Name  
P.O. Box 6327  
Tallahassee, FL 32314

I hereby execute the following consent to use the same name or indistinguishable name:

TAX RECEIVABLE CORPORATION

State or jurisdiction of formation of consenting business entity is Florida.

Business entity is a corporation.

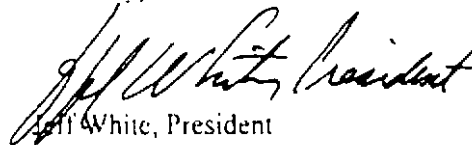
Name of proposed business entity to which this consent is being given:

TAX RECEIVABLES CORPORATION

State or jurisdiction of formation of receiving business entity is Florida.

Signed this 11 day of January, 2018

Sincerely,

  
Jeff White, President

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:

TAX RECEIVABLES CORPORATION

Enter Name of Other Business Entity

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

on August 7, 2013

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:

TAX RECEIVABLES CORPORATION

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.

**FILED**  
18 MAY -4 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 11 day of November, 20<sup>17</sup>.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Jeff White

Printed Name: Jeff White Title: President

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

Signature: Jeff White

Printed Name: Jeff White Title: President

Signature: Daniel Harding

Printed Name: Daniel Harding Title: Secretary

Signature: Patrick Lee

Printed Name: Patrick Lee Title: Manager

Signature: Brooke Weisleder

Printed Name: Brooke Weisleder Title: Manager

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)

FILED  
18 MAY -4 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Tax Receivables Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

940 CENTRE CIRCLE SUITE 2005

P.O. Box 21861

ALTAMONTE SPRINGS, FL. 32714

Oklahoma City, OK 73156

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

FILED  
18 MAY -4 PM 3:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 2,610,208

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

Name and Title: Jeff White, President

Name and Title: Brooke Weisleder, Manager

Address: 940 CENTRE CIRCLE SUITE 2005

Address: 940 CENTRE CIRCLE SUITE 2005

ALTAMONTE SPRINGS, FL. 32714

ALTAMONTE SPRINGS, FL. 32714

Name and Title: Daniel Harding, Secretary

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

Address: 940 CENTRE CIRCLE SUITE 2005

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

ALTAMONTE SPRINGS, FL. 32714

Name and Title: Patrick Lee, Manager

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

Address: 940 CENTRE CIRCLE SUITE 2005

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

ALTAMONTE SPRINGS, FL. 32714

**ARTICLE VI REGISTERED AGENT**

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

Name: CAPITOL CORPORATE SERVICES, INC.  
Address: 515 EAST PARK AVENUE 2ND FL.  
TALLAHASSEE FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Rick L. Warren  
Address: 201 ROBERT S. KERR AVE., STE 1600  
OKLAHOMA CITY, OK 73102

.....  
*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*

Kim Tadlock, Asst Sect  
Required Signature/Registered Agent

5/4/18  
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.*

Rick L. Warren  
Required Signature/Incorporator

May 4, 2018  
Date

FILED  
18 MAY -4 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA