# 719000053615

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





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SECREJARY OF STATE
FALL AHASSEE, FLORIDA

JUN 1 8 2018 T SCHROEDER

### COVER LETTER

TO:	Charter Section Division of Co				
		•			
SUBJ	ECT:	ninum Fabrication LLC Name of	Resulting Floric	la Profit	Corneration
<i>(</i> , ),			_		•
		te of Conversion, Article Profit Corporation" in a			ees are submitted to convert an "Other Business 15, F,S.
Please	return all corres	pondence concerning thi	s matter to:		
Tracey	L. Smith				
<del></del>		Contact Person		_	
Armor	Aluminum Fabric	ration LLC			
		Firm/Company		_	
424 Cc	ommercial Blvd.				
		Address			
Naples	. FL 34104				
		City, State and Zip Cod	c	_	
	istoffice l@gmail.				
1	-mail address: (1	o be used for future anni	ual report notifie	ation)	
For fur	ther information	concerning this matter.	please call:		
Debora	h Thompson		239 at (	825-2	2548
	Name of Co	ontact Person	Area (	Code and	d Daytime Telephone Number
Enclos	ed is a check for	the following amount:			
☐ \$10.	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filid and Certified C		■\$122,50 Filing Fees, Certified Copy, and Certificate of Status
New F Division Clifton	ET ADDRESS: illings Section on of Corporation Building xecutive Center			New F Divisio P. O. E	ING ADDRESS: Filings Section on of Corporations Box 6327 assee, FL 32314

Tallahassee, Fl. 32301

#### **Certificate of Conversion**

For

#### "Other Business Entity"

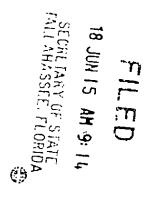
Into

#### 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:
Armor Aluminum Fabrication LLC LOG - 38327
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)
April 12, 2006 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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : Armor Aluminum Fabrication. Incorporated
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 Florid 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



774	,	
Signed this 7th day of March	. 20 17	
Required Signature for Florida Profit Corporation:		
Signature of Chairman Vice Chairman. Director, Office Incorporator.	er, or, if Directors or Officers have not been se	elected, an - ·
Incorporator.  Printed Name: Tracey L. Smith Title: President	l	_
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s).]	
Signature:		•
Printed Name: Tracey L. Smith		
Signature:		J.
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.	SECRE I.	MNF 81
Fees:  Certificate of Conversion:  Fees for Florida Articles of Incorporation:  Certifical Copy  Certificate of Status:	\$35.00	FILED 18 JUN 15 AH 9: 1

## 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:	ication, incorporated
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 424 Commercial Blvd.	Mailing address, if different is: 424 Commercial Blvd.
Naples, FL 34104	Naples, FL 34104
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
Any and all Lawful Business	
	Pro .
	>
	F ORIO
ARTICLE IV SHARES The number of shares of stock is:	V; ju
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: Tracey L Smith, P	Name and Title: Randal J. Wright, VP
Address: 2035 Par Drive	Address: 4105 2nd Ave. NE
Naples, FL 34120	Naples, FL 34120
Name and Title:	Name and Title:
Address:	Address
Name and Title:	Name and sitte:
Address:	
	·

Name:	Tracey L. Smith		• •
Address:	424 Commercial Blvd.	. •	
	Naples, FL 34104		
ARTICL	E VII INCORPORATOR and address of the Incorporator is:		•
Name:	Tracey L. Smith		
Address:	424 Commercial Blvd.		
	Naples, FL 34104		
Having b	**************************************	ocess for the above stated corporation at the place desi	gnaicd ir
Having b	**************************************	ocess for the above stated corporation at the place desi	gnated in
Having b	**************************************	ocess for the above stated corporation at the place desi is registered agent and agree to act in this capacity	gnated in
Having b this certif	**************************************	ocess for the above stated corporation at the place desi s registered agent and agree to act in this capacity  3/07/2017  Date  are true. I am aware that any false information subn	-
Having b this certif	een named as registered agent to accept service of proficate. I am familiar with and accept the appointment of Required Signature/Registered Agent this document and affirm that the facts stated herein	ocess for the above stated corporation at the place desi s registered agent and agree to act in this capacity  3/07/2017  Date  are true. I am aware that any false information subn	-

FILED

18 JUN 15 AM 9: 14

SECRETARY OF STATE
FALL AHASSEE, FLORIDA