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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #	P)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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TO:	Charter Section Division of Corporations					
SHRI	ECT: Capi's LLC					
30130	Nan	ne of Resulting Flo	rida Profit	Corporation	-	
	nclosed Certificate of Conversion. A " into a "Florida Profit Corporation"				ert an "Oth	er Business
Please	e return all correspondence concernir	ng this matter to:				
Natael	ha Smith					
	Contact Person	n				
Capis'	LLC					
	Firm/Compan	y.				
2235	Wandering Oak Terrace				- -1	
	Address				A CO	18 1
Kissin	nmee fl 34746				ing Sr Vit	F L. F '. 8 JUH 14 AM 10: 23
	City, State and Zip	Code				Alf
	th@valdosta.edu					
	E-mail address: (to be used for future	e annual report noti	fication)			ربع دي
For fi	irther information concerning this ma	atter, please call:				
Natac	ha Smith	at (953-8	473		
-	Name of Contact Person		a Code an	d Daytime Telephone Nu	mber	
Enclo	sed is a check for the following amo	unt:				
□ \$10	05.00 Filing Fees Status			■\$122.50 Filing Fees, Certified Copy. and Certificate of Status		
New Divis Clifte	EET ADDRESS: Filings Section ion of Corporations on Building Executive Center Circle		New F Divisi P. O. I	ING ADDRESS: Filings Section on of Corporations Box 6327 assee, FL 32314		

Tallahassee, FL 32301

accord Number

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 "Othe	er Business Entity" immediately prior to the filing of this Certificate of Cor	nversion is:	
CAPIS LLC	L15000213047		
	Enter Name of Other Business Entity		
2. The "Other Business I	ILLC		
(E	nter entity type. Example: limited liability company, limited partnership, eneral partnership, common law or business trust, etc.)		
first organized, formed or	(Enter state, or if a non-U.S. entity, the name of the country)		
12/28/2015 on			
Ent	er date "Other Business Entity" was first organized, formed or incorporate	d	
3. If the jurisdiction of the organized, formed or incommendation	ne "Other Business Entity" was changed, the state or country under the law orporated:	rs of which it is no	ow.
4. The name of the Florida CAPPS & Cosp	da Profit Corporation as set forth in the attached Articles of Incorporation	on:	
	Enter Name of Florida Profit Corporation		
(The effective date: Ca Department of State.) Note: If the date inserted	date of filing, enter the effective date: nnot be prior to nor more than 90 days after the date this document is in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records. Page 1 of 2		be

Signed this 184 day of May	, 20 <u>(も</u>	
Required Signature for Florida Profit Corporation	<u>n:</u>	
Signature of Chairman, Vice Chairman, Director, Off Incorporator:	icer, or, if Directors or Officers have not bee	n selected, an
Required Signature(s) on behalf of Other Business		
Signature: D. S.	<u>A</u>	-
Printed Name: Newtoches Sm. M	Title: CEO	•
Signature:		-
Printed Name:	Title:	
Signature:		-
Printed Name:	Title:	-
Signature:		
Printed Name:	Title:	_
Signature:		·-
Printed Name:	Title:	_
Signature:		<u></u>
Printed Name:	Title:	_
If Florida General Partnership or Limited Liabili Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	e.	₹s →
All others: Signature of an authorized person.		ECUAL B
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)	18 JUNITY ANTO: 23

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

The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:	10 NOC - 12	
Principal street address	Mailing address, if different is:	_
2235 wandering oak terrace		_
kissummee tl 34746		-
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
BULLALL PUPUL		
		
	The man	
	1.100 J 2点 L	
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		5- ·
ARTICLE IV SHARES The number of shares of stock is:		S
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS	
Name and Title: Natacha So. 21	Name and Title:	_
Address: 2235 letodein our fem	Address:	_
Hirrimmee EL 34746		_
Name and Title:	Name and Title:	_
Address:	Address:	
Name and Title:	Name and Title:	_
Address:	Address:	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Natacha Smith Name: 2235 wandering oak terrace Address: kissimmee tl 34746 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: issimmee (C3474C 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 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.

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