## P18000 55437

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | idress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    | <u> </u>  |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 268259 AUTHORIZATION COST LIMIT ORDER DATE : June 20, 2018 ORDER TIME : 2:49 PM ORDER NO. : 268259-005 CUSTOMER NO: 98373A DOMESTIC CONVERSION FILING NAME: NEWTON CFV, LLC EFFECTIVE DATE: XXX CERTIFICATE OF CONVERSION WITH ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS:

## **COVER LETTER**

| TO:             | Charter Section<br>Division of Co |   |                               |             |  |               |              |
|-----------------|-----------------------------------|---|-------------------------------|-------------|--|---------------|--------------|
| SUBJ            | FCT. NEWTON                       | CFV, INC.   |                               |             |  |               |              |
| G C <b>D</b> 3  |                                   | Name of   | Resulting Flo                 | rida Profit | Corporation  |               |              |
|                 |                                   | te of Conversion, Article<br>Profit Corporation" in a |                               |             | ees are submitted to convert ar<br>15, F.S.                            | ı "Other Bı   | ısiness      |
| Please          | return all corres                 | pondence concerning thi                               | s matter to:                  |             |  |               |              |
| C. Chr          | istian Sautter                    |   |                               |             |  |               |              |
|                 |                                   | Contact Person  |                               |             |  |               |              |
| Seiler,         | Sautter, Zaden, R                 | imes & Wahlbrink                                      |                               |             |  |               |              |
|                 |                                   | Firm/Company  |                               | <del></del> |  |               |              |
| 2850 N          | orth Andrews Av                   | re.   |                               |             |  | 341           | 18           |
|                 |                                   | Address   |                               | <del></del> |  | हिंद<br>- (5) | بسم<br>تاریخ |
| Wilton          | Manors, Florida                   | 33311   |                               |             |  |               | <u>-</u>     |
|                 |                                   | City, State and Zip Cod                               | е                             | <del></del> |  |               |              |
| csautte         | r@seisau.net                      |   |                               |             |  |               | ر:<br>د:     |
| E               | -mail address: (1                 | to be used for future ann                             | ual report notif              | ication)    |  |               | ئر ب<br>سے   |
| For fur         | ther information                  | concerning this matter,                               | please call:                  |             |  |               |              |
| Chris S         | autter                            |   | at ( 954                      | 568-7       | 000<br>I Daytime Telephone Number                                      |               |              |
|                 | Name of Co                        | ontact Person   | Area                          | Code and    | l Daytime Telephone Number   |               |              |
| Enclos          | ed is a check for                 | the following amount:                                 |                               |             |  |               |              |
| <b>e \$</b> 10: | 5.00 Filing Fees                  | □\$113.75 Filing Fees<br>and Certificate of<br>Status | ☐\$113.75 Fi<br>and Certified |             | ☐\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |               |              |

STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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.

| The name of the "Other Business NEWTON CFV, LLC                            | s Entity" immediately prior to the filing of this Certificate of Conve  |             |         |
|--|---|-------------|---------|
| 71   | Enter Name of Other Business Entity   |             |         |
| 2. The "Other Business Entity" is  | limited liability company   |             |         |
| (Enter entity  | type. Example: limited liability company, limited partnership, nership, common law or business trust, etc.)       |             | ある      |
| first organized, formed or incorporation                                   | Florida<br>ted under the laws of  | •           | 1 2     |
| (Ente  | er state, or if a non-U.S. entity, the name of the country)   |             | 4.3     |
| 01/30/2018   |   |             |         |
| Enter date "Ot   | her Business Entity" was first organized, formed or incorporated  |             | ۔<br>رب |
| If the jurisdiction of the "Other B organized, formed or incorporated:  NA | Business Entity" was changed, the state or country under the laws of  | which it is | s now 🚍 |
| 4. The name of the Florida Profit Conewton CFV, INC.                       | orporation as set forth in the attached Articles of Incorporation:  |             |         |
|  | Enter Name of Florida Profit Corporation  |             |         |
| 5. If not effective on the date of filit                                   | rig, enter the effective date:  |             |         |
| (The effective date: Cannot be pri<br>Department of State.)                | for to nor more than 90 days after the date this document is filed  | i by the F  | lorida  |
|  | ck does not meet the applicable statutory filing requirements, this d<br>te on the Department of State's records. | ate will no | t be    |

| Signe                    | d thisday of   | , 20_18                                |                                |
|--------------------------|--|--|--------------------------------|
|                          | ired Signature for Florida Profit Corporation                                    |  |                                |
| Incom                    | nure of Chairman, Mce Chairman, Director, Off                                    |  | selected, an                   |
| Printe                   | d Name: C. Christian Sautter Title: Incom  | porator                                |                                |
|                          | red Signature(s) on behalf of Other Business                                     |  | 1                              |
| Signat                   | wre: Mit Ath Scareto   | <u></u>                                |                                |
| Printe                   | d Name: GATE CFV SOLUTIONS, INC.   | Title: AMBR                            |                                |
| Signat                   | ure:   |  |                                |
| Printe                   | d Name:  | Title:                                 |                                |
| Signat                   | ure:   |  |                                |
| Printe                   | d Name:  | Title:                                 |                                |
| Signat                   | ure:   |  |                                |
| Printe                   | d Name:  | Title:                                 |                                |
| Signat                   | ure:   |  |                                |
| Printe                   | d Name:  | Title:                                 |                                |
| Signat                   | ure:   |  |                                |
| Printe                   | i Name:  | Title:                                 | · . <del>_</del> <del> ,</del> |
|                          | rida General Partnership or Limited Liabilit<br>ure of one General Partner.      | y Partnership:                         | 1                              |
|                          | rida Limited Partnership or Limited Liabilitures of ALL General Partners.        | y Limited Partnership:                 |                                |
|                          | rida Limited Liability Company:<br>ure of a Member or Authorized Representative. |  | 2.<br>2.<br>0.                 |
| <u>All ott</u><br>Signat | ners:<br>nure of an authorized person.   |  | _                              |
| Fees:                    | Certificate of Conversion:   | \$35.00                                |                                |
|                          | Fees for Florida Articles of Incorporation:                                      | \$70.00                                |                                |
|                          | Certified Copy:<br>Certificate of Status:  | \$8.75 (Optional)<br>\$8.75 (Optional) |                                |

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

| ARTICLE I NAME NEWTON CFV, INC.                        |                                       |
|--|---------------------------------------|
| The name of the corporation shall be: NEWTON CFV, INC. |                                       |
| ARTICLE II PRINCIPAL OFFICE                            |                                       |
| The principal place of business/mailing address is:    |                                       |
| Principal street address                               | Mailing address, if different is:     |
|  |                                       |
| 100 SEBASTIAN INDUSTRIAL PLACE                         |                                       |
| SEBASTIAN, FL 32958                                    |                                       |
| ARTICLE III PURPOSE                                    |                                       |
| The purpose for which the corporation is organized is: |                                       |
| Any and all lawful business.                           |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  | :                                     |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| ARTICLE IV SHARES 100                                  |                                       |
| The number of shares of stock is:                      |                                       |
| ARTICLE V INITIAL OFFICERS AND/OR DIRE                 | ECTORS                                |
| Name and Title: Gillian Callaghan, P/S/T/D             |                                       |
|  | Name and Title:                       |
| Address: 100 SEBASTIAN INDUSTRIAL PLACE #1             | Address:                              |
| SEBASTIAN, FL 32958                                    |                                       |
|  | · · · · · · · · · · · · · · · · · · · |
| Name and Title:  | Name and Title:                       |
| Address  | A 11                                  |
| Address:   | Address:                              |
|  |                                       |
| Name and Title   | Name and Title:                       |
| Name and Title:  | reane and Title.                      |
| Address:   | Address:                              |
|  |                                       |

| ARTICL                    | E VI REGISTERED AGENT   | IOT  |
|---------------------------|---|--|
| The name                  | and Florida street address (P.O. Box F  | NOT acceptable) of the registered agent is:  |
| Name:                     | C. Christian Sautter  | <del></del>  |
| Address:                  | 2850 North Andrews Ave.   | <del></del>  |
|                           | Wilton Manors, FL 33311   | <del></del>  |
| ARTICL                    | E VII INCORPORATOR  |  |
| The name                  | and address of the Incorporator is:   |  |
| Name:                     | C. Christian Sautter  | -  |
| Address:                  | 2850 North Andrews Ave.   | -  |
|                           | Wilton Manors, FL 33311   | _  |
|                           |   |  |
|                           |   | ****   |
| Having be<br>this certifi | een named as registered agent to accept<br>icate, I am familiar with and accept the c | service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity |
| 1                         | MINA  | 6-20-2018  |
|                           | Required Signature/Registered Agent   | Date   |
| I submit ti               | his document and affirm that the facts s  | tated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.               |
| document                  | to the Department of State constitutes a  | mun nekies leionk in higamen loi ni 2011.120% 1.10.  |
| 1                         | ALAT .  | 6-20-2018  |
|                           | Required Signature/Incorporator   | Date   |