## 0140062279

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<del></del>
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

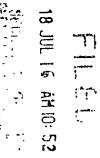
Office Use Only

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## **COVER LETTER**

Division of Corporati					
SUBJECT: AUDREY MCCR	ORY, PA				
SUBJECT:	Name of I	Resulting Florid	a Profit	Corporation	
The enclosed Certificate of C Entity" into a "Florida Profit					an "Other Business
Please return all corresponder	nce concerning this	matter to:			
CHASITY HERMAN					
(	Contact Person		_		
TAX PROFESSIONAL SERVI	ICES, LLC				
F	Firm/Company		_		
1105 W MAPLE AVE					1000 100 100 52
	Address		_		
GENEVA, AL 36340					1000年
City,	State and Zip Code	,	-		, 0.
CHASITY@TAXPROLLC.CO	)M				73
E-mail address: (to be u	ised for future annu	al report notific	ation)		
For further information conce	erning this matter, p	olease call:			
CHASITY HERMAN		at (	684-6	398	
Name of Contact	Person	Area (	Code and	Daytime Telephone Number	r
Enclosed is a check for the fo	ollowing amount:				
□ \$105.00 Filing Fees □\$1 and 0 State	Certificate of	■\$113.75 Filinand Certified C		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	c		New F Division P. O. B	ING ADDRESS: illings Section on of Corporations Box 6327 assec, 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.

1. The name of the "Other Business	s Entity" immediately prior to the filing of this Certificate of Co	onversion is:
MATAN ENTERPRISES, LLC	DXCUMENT # L07000054573	
	Enter Name of Other Business Entity	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. The "Other Business Entity" is a	LIMITED LIABILITY COMPANY	
(Enter entity	type. Example: limited liability company, limited partnership thership, common law or business trust, etc.)	18 JUL 18 AN 10: 52
first organized, formed or incorpora	sted under the laws of FLORIDA	
(Enter	er state, or if a non-U.S. entity, the name of the country)	بي اي د
MAY 23, 2007		\$ - C3
	ther Business Entity" was first organized, formed or incorporate	ed
3. If the jurisdiction of the "Other I organized, formed or incorporated:	Business Entity" was changed, the state or country under the lav	vs of which it is now
4. The name of the Florida Profit C	Corporation as set forth in the attached Articles of Incorporation	on:
AUDREY MCCRORY, PA		
	Enter Name of Florida Profit Corporation	
<b>Department of State.) Note:</b> If the date inserted in this blo	ing, enter the effective date:  rior to nor more than 90 days after the date this document is  ock does not meet the applicable statutory filing requirements, tate on the Department of State's records.	

Signed this LISTEEday ofRUNEE	. 20 18		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman, Director, Office Incorporator: ( ((1) (1) (1) (1) (1) (1) (1) (1) (1)		n selected, an	
Required Signature(s) on behalf of Other Busines E  Signature:  Printed Name:  Printed Name:  Printed Name:  Signature:  Printed Name:  Signature:  Signature:	_ Title: PRESIDENT _ Title	- - - -	
Printed Name:			
Signature.		-	
Printed Name:	Title	-	
Signature:			
Printed Name:		<del>-</del>	
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 Commany: Signature of a Member or Authorized Representative			
All others: Signature of an authorized person.			
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) Page 2 of 2	18 JUL 16 AH 10: 52	<u> </u>
	<del> </del>		

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

	PA	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address 5611 GRANDE LAGOON CT.	Mailing address, if different is:	
PENSACOLA, FL 32507		-
		-
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  REAL ESTATE SALES AND OTHER REAL ESTATE RELA	TED ACTIVITIES	-
REAL ESTATE SALES AND OTHER REAL ESTATE RELA	TED ACTIVITIES.	
-	<del>.</del> .	,
		- <del>1</del> 8
	, ê ·	
ARTICLE IV SHARES The number of shares of stock is: 1000		G.
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS	Ari IU:
Name and Title: AUDREY A. MCCRORY - PRESIDENT	Name and Title:	ن
Address: 5611 GRANDE LAGOON CT.	Address:	-
PENSACOLA, FL 32507		_
Name and Title:	Name and Title:	-
	A d.J	
Name and Title:	Name and Title:	_
Address:	A 1.1 .	
	Address:	

Name.	AUDREY MCCRORY	
Addresst	5611 GRANDE LAGOON CT.	
	PENSACOLA, FL 32507	
<u>ARTICL</u>	· · · · · · · · · · · · · · · · · · ·	
The <u>name</u>	and address of the Incorporator is.  CHASITY HERMAN	
Name:		
Address:	1105 W MAPLE AVE	
	GENEVA, AL 36340	
 Haviny be	ven named as registered agent to accept service of	process for the above stated corporation at the place des
Having be	ven named as registered agent to accept service of learn, I am familiar with and accept the appointment	process for the above stated corporation at the place des at as registered agent and agree to act in this capacity
Having be this certif.	ven named as registered agent to accept service of icare. I am familiar with und accept the appointmen	process for the above stated corporation at the place des at as registered agent and agree to act in this capacity 6-28-18
Having be	een named as registered agent to accept service of icare. I am familiar with and accept the appointment of the accept the appointment of the accept the appointment of the accept the accept the appointment of the accept t	at as registered agent and agree to act in this capacity
this certif.	Required Angular with and accept the appointment  Required Angular Cognitive Agent	at as registered agent and agree to act in this capacity  6-28-18  Date  in are true. I am aware that any false information subs
this certif.	Required Augusture Regulary Re	at as registered agent and agree to act in this capacity  6-28-18  Date  in are true. I am aware that any false information sub-
this certif.	Required Angular with and accept the appointment  Required Angular Cognitive Agent	at as registered agent and agree to act in this capacity  6-28-18  Date  in are true. I am aware that any false information subs

