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





000315857630

07/20/18--01002--011 \*\*105.00

JUL 23 2018 T SCHROEDER

# COVER LETTER

TO:	Charter Section Division of Co				
	Vasilaros La	•			
SUBJ	JECT:		Resulting Florida	ı Profit	Corporation
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please	e return all corres <sub>i</sub>	pondence concerning this	s matter to:		
Jack V	'asilaros				
		Contact Person		-	
Vasila	ros Law LLC				
	<del></del>	Firm/Company		_	
111 B	ayside Drive				
		Address		_	
Cleary	vater, FL 33767				
		City, State and Zip Cod	e	-	
Jack@	vlawpa.com				
-	E-mail address: (t	to be used for future annu	ual report notified	tion)	
For fi	irther information	concerning this matter,	please call:		
Jack V	/asilaros		727 at (	455-9	400
	Name of Co	ontact Person	_ \	ode and	d Daytime Telephone Number
Enclo	sed is a check for	the following amount:			
<b>■</b> \$16	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto	EET ADDRESS: Filings Section ion of Corporation in Building Executive Center	ns		New F Division P. O. I	JNG 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 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 C Vasilaros Law LLC $\sqrt{12-2}$	onversi	on is:	
Enter Name of Other Business Entity	<u> </u>		
2. The "Other Business Entity" is a Law Firm Limited Liability Company			
(Enter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)	٦,		
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)			
12/26/17			
Enter date "Other Business Entity" was first organized, formed or incorporat	ted		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the la organized, formed or incorporated:	ws of w	hich it	is now
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation Vasilaros Law PA	on:		
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 Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.			
Page 1 of 2	SECRL JAHY TALL AHASSEI	18 JUL 20	FIL

SECRE	18 JUL 20	<b></b>
SECREIVAL OF SIVI	AH 10: 5	

Signed thisday of	
<u>Required Signature for Florida Profit Co</u>	rporation:
Signature of Chairman, Vice Chairman, Dir Incorporator:	getor, Officer, or, if Directors or Officers have not been selected, a
Printed Name: <u>Fack Vasilaros</u> Tit	le: owar, tesecut, of many:
	Business Entity: [See below for required signature(s).]
Signature:	
Printed Name:	Title: Owner, President, Partner.
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	<u> </u>
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited	

# 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)

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

ARTICLE I	NAME Vasilaros Law PA		
The name of the	rancemanentians chall bus	1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2	
ARTICLE II	PRINCIPAL OFFICE		
The principal pl	ace of business/mailing address is:		
	Principal street address	Mailing address, if different is:	
111 Bayside Driv	ve Clearwater FL 33767		
ARTICLE III	<b>PURPOSE</b> r which the corporation is organized is:		
Law firm			
	<del></del> -		
		TAS #	
			-
ARTICLE IV	SHARES	AHASS	
The number of s	shares of stock is:		1
ARTICLE V	INITIAL OFFICERS AND/OR DIF	LECTORS TO THE	
Name and Title	Jack Vasilaros President	Name and Title:	
Address:	111 Bayside Drive Clearwater F1, 33767	Address: >	
Name and Title	:	Name and Title:	
Address:			
Name and Tiels		Name and Title	
name and Title		Name and Title:	
Address:		Address:	

THE HAIR	and Florida street address (P.O. Box NO	Facceptable) of the reg	istered agent is:	
Name:	Jack Vasilaros			
Address:	H   Bayside Drive Clearwater FL 33767			
<u>ARTICL</u>	E VII INCORPORATOR			
The name	and address of the Incorporator is:			
Name:	Jack Vasilaros			
Address:	111 Bayside Drive Clearwater FL 33767			
******	*********	*******	******	
	een named as registered agent to accept ser			
	een named as registered agent to accept ser icate, I am familiar with and accept the app		agent and agree to act i	n this capacity
			agent and agree to act i	n this capacity
				n this capacity
this certifi	Required Signature/Registered Agent	ointment as registered (	gent and agree to act in Date  Date  m aware that any false	n this capacity — information submitted in a
this certifi	Required Signature/Registered Agent	ointment as registered (	Date m aware that any false vided for in \$.817.155, i	n this capacity  information submitted in a F.S.
this certifi	Required Signature/Registered Agent	ointment as registered (	Date m aware that any false vided for in \$.817.155, i	n this capacity  information submitted in a F.S.
this certifi	Required Signature/Registered Agent	ointment as registered (	gent and agree to act in Date  Date  m aware that any false	n this capacity   information submitted in a  F.S.   ALC  8
this certifi	Required Signature/Registered Agent his document and affirm that the facts state to the Department of State constitutes a the	ointment as registered (	Date m aware that any false vided for in \$.817.155, i	n this capacity   information submitted in a  F.S.   ALC  8
this certifi	Required Signature/Registered Agent his document and affirm that the facts state to the Department of State constitutes a the	ointment as registered (	Date m aware that any false vided for in \$.817.155, i	n this capacity   information submitted in a  F.S.   ALC  8
this certifi	Required Signature/Registered Agent his document and affirm that the facts state to the Department of State constitutes a the	ointment as registered (	Date m aware that any false vided for in \$.817.155, i	n this capacity   information submitted in a  F.S.   ALC  8
this certifi	Required Signature/Registered Agent his document and affirm that the facts state to the Department of State constitutes a the	ointment as registered (	Date m aware that any false vided for in \$.817.155, i	n this capacity   information submitted in a  F.S.   ALC  8
this certifi	Required Signature/Registered Agent his document and affirm that the facts state to the Department of State constitutes a the	ointment as registered (	Date m aware that any false vided for in \$.817.155, i	n this capacity  information submitted in a SECRETARY  TALLAHASSE