

P18 0000 65638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

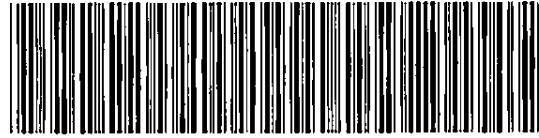
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only

M. MOON

JUL 31 2018



700316198547

07/30/18--01004--008 \*\*113.75

18 JUL 30 AM 11:23

18 JUL 30 AM 10:37



**CAPITOL  
SERVICES**

## Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock C/O Capitol Services, Inc.

Date: 7/<sup>30</sup>~~28~~/2018

Trans#: 992251

FILED  
18 JUL 30 AM 10:31  
TALLAHASSEE, FL

Entity Name: V TEAMS, INC. (MI) CONVERTING INTO V TEAMS, INC. (FL) 7

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion (XX)

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

STATE FEES PREPAID WITH CHECK#1271 FOR \$113.75

PLEASE RETURN:

Certified Copy (XX)

Plain Photocopy ( )

Good Standing ( )

Certificate of Fact ( )

**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 Conversion is:

V Teams, Inc.

Enter Name of Other Business Entity

*FO80002184*

18 JUL 30 AM 10:37

2. The "Other Business Entity" is a corporation  
(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 Michigan  
(Enter state, or if a non-U.S. entity, the name of the country)

on September 11, 2000

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:

Michigan

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

V Teams, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: August 1, 2018  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

**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.

Signed this 27<sup>th</sup> day of July, 2018.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: James E. Stoschein  
Printed Name: JAMES E Title: Secretary  
Stoschein

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: James E. Stoschein

Printed Name: James E. Stoschein Title: Secretary

Signature: \_\_\_\_\_

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 Partnership:**

Signature of one General Partner.

**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**

The name of the corporation shall be: V Teams, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

SAME

9629 Spray Drive

West Palm Beach, FL 33411

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000 shares Common Stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Deborah Ann Stroschein, Pres., Chairman

Name and Title: James E. Stroschein, Secretary

Address: 9629 Spray Drive

Address: 9629 Spray Drive

West Palm Beach, FL 33411

West Palm Beach, FL 33411

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:

Name: James E. Stroschein  
Address: 9629 Spray Drive  
West Palm Beach, FL 33411

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James E. Stroschein  
Address: 9629 Spray Drive  
West Palm Beach, FL 33411

FILED  
18 JUL 30 AM 10:37  
CLERK OF COURT  
JUL 30 2018

\*\*\*\*\*

*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*

James E. Stroschein  
Required Signature/Registered Agent

7/27/2018  
Date

*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.*

James E. Stroschein  
Required Signature/Incorporator

7/27/2018  
Date