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(Re	equestor's Name)	_
(Ad	dress)	
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	ty/State/Zip/Phone	2 #f)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 1 6 2010 SCHROEDER

COVER LETTER

TO:

Charter Section

Division of Corporations

SUBJECT: MARINE TO	OWN INC			<u>.</u>
	Name of R	tesulting Florid	a Profit C	Corporation
The enclosed Certificate Entity" into a "Florida P	of Conversion, Articles rofit Corporation" in acc	of Incorporation of Incorporation	n, and fee . 607.111	es are submitted to convert an "Other Business 5, F.S.
Please return all corresp	ondence concerning this	matter to:		
TERRI L DALLAIRE				
	Contact Person		_	
DALLAIRE & ASSOCIA	TES, CPA'S, PA			
	Firm/Company			
PO BOX 490				
	Address			
CRYSTAL RIVER, FL	4423			
	City, State and Zip Code	;		
steve@marinetown.com	16-64		 :)	
	o be used for future annu		cation	
For further information	concerning this matter, p	olease call:		
STEVE LEONARD		_at ()564-1	150
Name of Co	ontact Person	Area	Code and	l Daytime Telephone Number
Enclosed is a check for	the following amount:			
☐ \$105.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fill and Certified		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301			New F Division P. O. F	CING ADDRESS: Cilings Section on of Corporations Box 6327 assee, 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 Entity" immediately prior to the filing of this Certificate of Conversion is:
MARINE TOWN INC 713 - 2514
Enter Name of Other Business Entity
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.)
STATE OF WASHINGTON first organized, formed or incorporated under the laws of
first organized, formed or incorporated under the laws of
AUGUST 29, 2011
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: N/A
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
MARINE TOWN INC
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 filed by the Florida
Department of State.) 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.

Page 1 of 2

18 AUG 15 AH 10: 19
SECREIARY OF STATE
ALL SHASSEF, FLORIDA.

Signed this 6 Th. day of angust	20 / 8
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator. Printed Name: YU CHER TUNG Title: DIRECT	
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s)]
Signature My fine	
Printed Same YU CHUN TUNG	Title, DIRECTOR
Signature Company	
Printed Name CHIN CHUNG IT NO	Title: DIRECTOR
Signature Cilie Drien	
Printed Name. II IN HSIEH	Tale: EARFCTOR
Signature thesher D. Lamore	
Printed Name. STEPHEN D LEONARD	Fitte ORECTOR
Signature	
Printed Same:	
Signature	
Printed Name:	litte:
Il Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
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

Page 2 of 2

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy Certificate of Status: 18 AUG 15 AH 10: 19

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

	NAME MARINE TOWN IN	iC	
The name of the	corporation shall be:	<u> </u>	
ARTICLE II	PRINCIPAL OFFICE		
The principal pl	ace of business/mailing address is:		
2061 NW US H	Principal street address WY 19		Mailing address, if different is:
CRYSTAL RIV			
	PURPOSE or which the corporation is organized is:		
ANY AND ALI	LAWFUL PURPOSE		
			D.,,
			AUG SHORE SAH
			· ——
			35. T5
			COR
			——————————————————————————————————————
			<u> </u>
A DOMEST IN THE	, GHADEC		
	shares of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR L	DIRECTORS	
Name and Titl	YU CHUN TUNG DIRECTOR	Name and Tit	le:
Address:	2061 NW US HWY 19	Address:	2061 NW US HWY19
	CRYSTAL RIVER, FL 34428		CRYSTAL RIVER, FL 34428
Name and Tit	le:	Name and Tit	STEPHEN D LEONARD, DIRECTOR le:
Address:	2061 NW US HWY 19	Address:	2061 NW US HWY 19
	CRYSTAL RIVER, FL 34428	- 	CRYSTAL RIVER, FL 34428
Name and Tit	le:	Name and Tit	tle;
Address:		Address:	

the mane	and Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Isaine	STEPHEN DILEONARD	
Address.	2061 NW US HWY 19	
	CRYSTAL RIVER, FL. 34428	
	E VII INCORPORATOR	
the <u>name</u>	e and address of the Incorporator is	
Same	YUCHUS TUNG	
Address.	2961 SW F CHW Y 19	
	CRYSTAL RIVER, FL. 34428	
Having b this certif	nean named as registered agent to accept service of ficate, I am familiar with and accept the appointment of	process for the above stated corporation at the place designated in at registered agent and agree to act in this copocity 8/6/18 Date
I submit documen	this document and affirm that the facts stated here it to the Department of State constitutes a third degi	in are true. I am aware that any fulse information submitted in a cree felony as provided for in s.817.155, F.S.
•	Required Signature/Incorporator	Date Description

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SECKLIARY OF STATE
FALLAHASSFE, FLORIDA