# 1800080518

(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:		
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#### **COVER LETTER**

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Tallahassee, FL 32314

TO: Charter Section Division of Corp	orations			
SUBJECT:	TAbre Ent	Erprise LL Resulting Florida Profit	.C	
	Name of I	Resulting Florida Profit (	Corporation	
The enclosed Certificate Entity" into a "Florida Pr			es are submitted to convert at 5, F.S.	n "Other Business
Please return all correspo	ondence concerning this	matter to:		
<u>Detavia</u>	Contact Person			
Tabre	ENTERONSE Firm/Company			
101 NF 51	Address			
Boynton P	XACh FL 3 City, State and Zip Code	33435		
E-mail address: (to	En mina Conter be used for future annu	@ <u>Gmail</u> (oM al report notification)		
For further information c  Chora B  Name of Con	हा	at ( <u>5kl) 7</u> 3	7-9934 Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building	s	New F Divisio	ING ADDRESS: clings Section on of Corporations fox 6327	

2661 Executive Center Circle

Tallahassee, FL 32301

#### **Certificate of Conversion**

For

## "Other Business Entity"

Into

### Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
Tabre Enterprise LCC Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on February 3 2017 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:
nla .
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :  Tabif Enterprise In C.  Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 7/1/8.  (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.

Signed this <u>19th</u> day of <u>Spt7Mby</u>	. 20 \ \ \ \ .			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Virtual III Printed Name: Octovia Bell Title: VP	er, or, if Directors or Officers have not been selected, an			
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]			
Signature: () Awall				
Printed Name: Octavia Bell	Title:			
Signature:	· · · · · · · · · · · · · · · · · · ·			
Printed Name:	Title:			
Signature:	· · · · · · · · · · · · · · · · · · ·			
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:	<del>.</del>			
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

ARTICLE I	NAME -	1	
The name of the	corporation shall be: Tabye &	<u>nterpns</u>	E TOC.
ARTICLE II	PRINCIPAL OFFICE		
The principal pla	ce of business/mailing address is:		
IOI NE	Principal street address 570 AVE		Mailing address, if different is:
2	Brach FL 33435		
_ 190yatan	125ACH FC 33435		· · · · · · · · · · · · · · · · · · ·
ARTICLE III The purpose for	<b>PURPOSE</b> which the corporation is organized is:		
	DryCare Conter		
	•		
_		<del>,</del>	
<del></del> -			<del></del>
ARTICLE IV The number of sh	SHARES nares of stock is:		<del></del>
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	
	177		itle: Ambre King
Address: .t	2013 Nautica Lake Circle	Address:	5013 Nautica Lake Circle
	Stephacies, FL 33463		Granacies, FL 33463
Name and Title:		Name and T	itle:
Address:		Address:	
Address.	·	Audress.	
_			
Name and Title:		Name and T	itle:
Address:		Address:	

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name: Octavia Bell	
Address: 5013 Nautica Lake Cr.	
Cortenacies, FL 334103	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Octavia Ball	
Address: 5013 Nautica Lake (r.	
COMMACIES PL 33463	
*************************************	*****************
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as	
( Standel	9-19-18 Date
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree for	
A	ning as provided for in x017.155, 1.5.
Markel	9-19-18
Required Signature/Incorporator	Date