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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

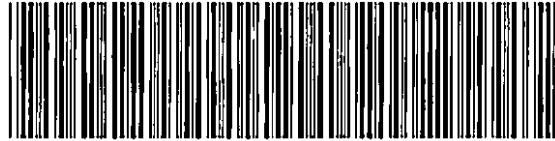
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SECRETARY OF STATE
WILLIAMSON

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Diversified 3D Technologies, LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Erik W Paul

Contact Person

Diversified 3D Technologies, LLC

Firm/Company

440 S Jefferson St

Address

Monticello, FL 32344

City, State and Zip Code

erikwpaul@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy F Harrison

at (850) 212-6799

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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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:

Diversified 3D Technologies, LLC

Enter Name of Other Business Entity

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

on 6/20/2018

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:

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

Diversified 3D Technologies, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 10/3/18

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 3 day of October, 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: [Signature]

Printed Name: Erik W Paul Title: President

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

Signature: [Signature]

Printed Name: Erik W. Paul Title: Managing Member

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

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: Diversified 3D Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
440 S Jefferson St
Monticello, FL 32344

Mailing address, if different is: _____

2016 OCT - 4 PM 3:15
CLERK OF DISTRICT COURT
JAIL ANCHORAGE

FILED

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporations may be incorporated under the laws of the State

_____ of Florida and to engage in any activity or business permitted under the laws of the United States of America and the State
_____ of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Erik W. Paul, President/Secretary</u>	Name and Title:	_____
Address:	<u>1168 Boston Hwy</u>	Address:	_____
	<u>Monticello, FL 32344</u>		_____
Name and Title:	<u>Amy Paul, V/President</u>	Name and Title:	_____
Address:	<u>1168 Boston Hwy</u>	Address:	_____
	<u>Monticello, FL 32344</u>		_____
Name and Title:	<u>Karl Spohn, Treasurer</u>	Name and Title:	_____
Address:	<u>19259 Mount Magnificent Circle</u>	Address:	_____
	<u>Eagle River, Alaska 99577</u>		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nancy Harrison
Address: 1322 Alshire Ct S
Tallahassee, FL 32317

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TALLAHASSEE FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erik W. Paul
Address: 1168 Boston Hwy
Monticello, FL 32344

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

Nancy Harrison
Required Signature/Registered Agent

10/3/18
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.

Erik W. Paul
Required Signature/Incorporator

10/3/18
Date