

P1800098052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

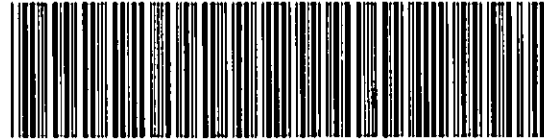
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SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: COMMERCE ENTERPRISES INC.

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:

NICKOLAS SPRADLIN

Contact Person

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Firm/Company

2202 N. WEST SHORE BLVD. #200

Address

TAMPA FL 33607

City, State and Zip Code

NS@NICKSPRADLIN.COM

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

For further information concerning this matter, please call:

NCK SPRADLIN at (**813**) **435.3176**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,
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

SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001

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218-130025

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:
COMMERCE ENTERPRISES 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 05/24/2018
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:
FLORIDA

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

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TALLAHASSEE, FLORIDA

Signed this 22 day of NOVEMBER, 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: SIGN HERE: [Signature]

Printed Name: MICHAEL J. BANKS Title: DIRECTOR

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

Signature: [Signature]

Printed Name: MICHAEL J. BANKS Title: Director, AMBR

Signature: [Signature]

Printed Name: JONATHAN C. ALLEN Title: Director, AMBR

Signature: [Signature]

Printed Name: WILLIAM G. BOWLES Title: Director, AMBR

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.

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TALLAHASSEE, FLORIDA

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: COMMERCE ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

7950 NW 53RD STREET, SUITE 337

MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Common Stock at \$0.10 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michal J. Banks Director, President

Address: 7950 NW 53RD STREET, SUITE 337

MIAMI FL 33166

Name and Title: Jonathan C. Allen Director, VP

Address: 7950 NW 53RD STREET, SUITE 337

MIAMI FL 33166

Name and Title: William G. Bowles Director, Sec, Tre

Address: 7950 NW 53RD STREET, SUITE 337

MIAMI FL 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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


Name: The law offices of Nick Spradlin pllc
Address: 2202 N. WEST SHORE BLVD. #200
TAMPA FL 33607

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael J. Banks
Address: 7950 NW 53RD STREET, SUITE 337
MIAMI FL 33166

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


Required Signature/Registered Agent

11/10/18
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.


Required Signature/Incorporator

10/18/2018
Date

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TALLAHASSEE, FL 32399