P18000100485

(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



200320987072

11/19/18--01006--006 **113.75



N CULLIGA-DEC 13 2018

COVER LETTER

TO:

Charter Section

Tallahassee, FL 32301

Division of Cor	porations				
SUBJECT: Nand Hotels	s Corp				
30bJEC1	Name of	Resulting Flo	rida Profit	Corporation	
	e of Conversion. Articles Profit Corporation" in ac			ees are submitted to convert an 15. F.S.	"Other Business
Please return all corresp	oondence concerning this	s matter to:			
J David Campbell, EA					
	Contact Person				
Campbell's Enrolled Age	nts & Co Inc.				
	Firm/Company				
405 Tamiami Trail					
	Address				
Punta Gorda FL 33950					
	City, State and Zip Code	e			
info@campbellsea.com					
E-mail address: (1	o be used for future annu	ual report noti	fication)		
For further information	concerning this matter,	please call:			
J David Campbell, EA		_at (639-2	672	
Name of Co	ontact Person	Are	a Code and	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 F 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			New F Division P. O. E	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL, 32314	



November 26, 2018

J DAVID CAMPBELL, EA CAMPBELL'S ENROLLED AGENTS & CO INC 405 TAMIAMI TRAIL PUNTA GORDA, FL 33950

SUBJECT: NAND HOTELS CORP Ref. Number: W18000101836

We have received your document for NAND HOTELS CORP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 318A00024017

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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 Con	
Nand Hotels Corp	7018 SE SE
Enter Name of Other Business Entity	温量工
2. The "Other Business Entity" is a S Corporation	語らし
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	SEEF. T
first organized, formed or incorporated under the laws of Oklahoma (Enter state, or if a non-U.S. entity, the name of the country)	TILLAHLASSEE, TIABLA
June 6, 2006 on .	
Enter date "Other Business Entity" was first organized, formed or incorporated	l
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:	of which it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>	<u>1:</u>
Nand Hotels Corp	_
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: (T) 66 - 11 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	
(The effective date: Cannot be prior to nor more than 90 days after the date this document is t	iled by the Florida
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	is date will not be
listed as the document's effective date on the Department of State's records.	

Signed	thisday of	· 	20	
<u>Requi</u>	red Signature for Florida Profit Corporation	<u>ı:</u>		
Signat Incorp	orator Jyoti Desai Title: Presid	icer, or, if Directors o	or Officers have not be	een selected, an
	red Signature(s) on behalf of Other Business			· •
	ure: 45.			
Printed	l Name:	Title: President		_
Signat	ure:			_
Printed	i Name:	Title:		_
Signat	ure:			_
Printed	l Name:	Title:		_
Signat	ure:			<u> </u>
Printed	l Name:	Title:		
Signat	ure:		<u> </u>	2018 7AL
Printed	l Name:	Title:	_	2018 DEC 13 SECRETARY ALL AHASSI
Signati	ure:	_		13 P
Printed	1 Name:	Title:		
	rida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership:		: 03
If Flor Signat	rida Limited Partnership or Limited Liabilit ures of <u>ALL</u> General Partners.	y Limited Partnersh	iip:	
	ida Limited Liability Company: ure of a Member or Authorized Representative.			
All oth Signati	ners: ure 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 II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
4755 Pine Island Road		
Matlacha, FL 33993		
ARTICLE III PURPOSE The purpose for which the corporation is organize Hotel business	ed is:	
•	SECRITAL ALI AHAS	2018 DEC 13 PM 4: 03
ARTICLE IV SHARES 1,000		2 PH -
The number of shares of stock is: 1,000		03
ARTICLE V INITIAL OFFICERS AND/O	OR DIRECTORS	03
The number of shares of stock is:	PR DIRECTORS Name and Title:	03
ARTICLE V INITIAL OFFICERS AND/O Name and Title: 4755 Pine Island Drive	PR DIRECTORS Name and Title:	
ARTICLE V INITIAL OFFICERS AND/O Name and Title: 4755 Pine Island Drive	Name and Title:Address:	
ARTICLE V INITIAL OFFICERS AND/O Name and Title: 4755 Pine Island Drive Matlacha, FL 33993	Name and Title: Address:	
ARTICLE V INITIAL OFFICERS AND/O Name and Title: 4755 Pine Island Drive Matlacha, Fl. 33993	Name and Title: Address: Name and Title:	
ARTICLE V INITIAL OFFICERS AND/O Name and Title: 4755 Pine Island Drive Matlacha, Fl. 33993 Name and Title:	Name and Title: Address: Name and Title: Address: Address:	

FILED

<u>name</u>	e and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
ne:	J David Campbell		
ress:	405 Tamiami Trail		
	Punta Gorda, FL 33950		
	LE VII INCORPORATOR		
	e and address of the Incorporator is:		
ress:	JYOTI DESAI 4755 PINO IS/und Rd		
	MATLACHA, PI 33993		
	•		
****	*******	*******	
inv ne			
	een named as registered agent to accept service of ficate, I am familiar with and accept the appointment	f process for the above stated corporation ent as registered agent and agree to act in	
	ficate, I am familiar with and accept the appointment	ent as registered agent and agree to act in	
		ent as registered agent and agree to act in	
certifi	Required Signature/Registered Agent this document and affirm that the facts stated her	ent as registered agent and agree to act in 7/19/18 Date rein are true. I am aware that any false in	this capacity - nformation submitted in
certifi	Required Signature/Registered Agent	ent as registered agent and agree to act in 7/19/18 Date rein are true. I am aware that any false in gree felony as provided for in s.817.155, F.	this capacity - nformation submitted in
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