

PI8000101926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

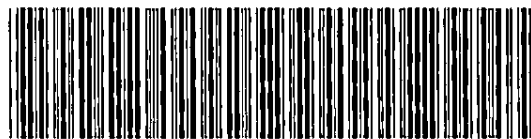
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100322071191

FILED
18 DEC 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
18 DEC 19 AM 9:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEC 20 118
T SCHROEDER

Incorporating Services, Ltd.

3500 S DuPont Highway
Dover, DE 19901
302.531.0855
Fax: 302.531.3150
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Zvezdana Sijan
zsijan@incserv.com
302.531.3150

REQUEST DATE 12/19/2018

PRIORITY 24 Hours

OUR REF # (Order ID#) 709376

ORDER ENTITY

AC TUCKER ROAD, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

AC TUCKER ROAD, INC. (FL)

File the attached conversion document

New corp filing

Please provide a certified copy as evidence.

NOTES:

\$113.75 Authorized

Email address for annual report reminders: mackerman@parisackerman.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "W".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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:

AC Tucker Road, Inc.

712-S105

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.)

first organized, formed or incorporated under the laws of MA

(Enter state, or if a non-U.S. entity, the name of the country)

on March 18, 2002

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**:

AC Tucker Road, 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.

FILED
18 DEC 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: Tim C. Loe Title: OFFICER

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

Signature: _____

Printed Name: Tim C. Loe Title: OFFICER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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.

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)

FILED
18 DEC 19 AM 9:35
SECRETARY OF STATE
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: AC Tucker Road, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address	Mailing address, if different is:
<u>Tim Cloe</u>	<u></u>
<u>6441 South Chickasaw Trail # 334</u>	<u></u>
<u>Orlando, FL 32829</u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Food Service

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Tim Cloe, President and Director</u>	Name and Title: <u></u>
Address: <u>6441 South Chickasaw Trail # 334</u>	Address: <u></u>
<u>Orlando, FL 32829</u>	<u></u>
 Name and Title: <u></u>	 Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
 Name and Title: <u></u>	 Name and Title: <u></u>
Address: <u></u>	Address: <u></u>

FILED
18 DEC 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

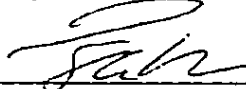
Name: Tim Cloe
Address: 6441 South Chickasaw Trail # 334
Orlando, FL 32829

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

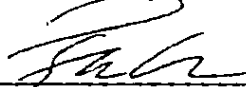
Name: Tim Cloe
Address: 6441 South Chickasaw Trail # 334
Orlando, FL 32829

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

12-18-18
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

12-18-18
Date

FILED
18 DEC 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA