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PICK-UP		MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
	Office Use On	ly



FILED 18 DEC 19 AH 39 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED





Incorporating Services, Ltd.

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

incserv<sup>∼</sup>

# **ORDER FORM**

то Florida Department of State Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

FROM Zvjezdana Sijan zsijan@incserv.com 302.531.3150

<b>REQUEST DATE</b> ' 12/19/2018	PRIORITY	24 Hours	OUR REF # (Order ID#)	709376

**ORDER ENTITY** AC REED ROAD, INC.

### PLEASE PERFORM THE FOLLOWING SERVICES:

AC REED ROAD, INC. (FL)

850-245-6051

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,

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 "O	ther
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:

	Enter Name of Other Business Entity
2. The "Otl	her Business Entity" is a
	(Enter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)
first organiz	zed, formed or incorporated under the laws of
	(Enter state, or if a non-U.S. entity, the name of the country)
August 1	6, 2001
	Enter date "Other Business Entity" was first organized, formed or incorporate

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 Reed 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.)

<u>Note:</u> 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.

Page 1 of 2

FILED FLORIDA

Simed this day of	20	
Signed thisday of		
Required Signature for Florida Profit Corporation	<u>n:</u>	
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Printed Name: CLUD	ficer, or, if Directors or Officers have no	ot been selected, an
Required Signature(s) on behalf of Other Business		iture(s).]
Signature: Such	<u> </u>	
Printed Name: Time Club		
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
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Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		18 C
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) Page 2 of 2	FILED DEC 19 AM 39.50 CHE IARY OF STATE AHASSEE, PLORIDA
		<i>i</i> 7.6

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### **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:\_\_\_\_\_\_

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address 6441 South Chickasaw Trail, #334

Mailing address, if different is:

Orlando, 71 32829

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Operate Retail Food Service Establishment** 

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ARTICLE IV SHARES		TALL APASSE
ARTICLE IV SHARES The number of shares of stock is:		<b>6</b>
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS	
Name and Title:	Name and Title:	
Address: 6441 South Chickasaw Trail, #334	DIRECTORS Name and Title: Address:	
Orlando, FL 32829		
Name and Title:		
Address:	Address:	
Name and Title:		
Address:		
	<u> </u>	

### ARTICLE VI REGISTERED AGENT

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

Name:	Tim Clo	0 <b>c</b>	
Address:	6441 So	outh Chickasaw Trail, #334	
	Orlando, FL 32829		
ARTICL			
me game	200 200	Iress of the Incorporator is:	
Name:	Tim Clo	0¢	

6441 South Chickasaw Trail, #334 Address:

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. 1 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.

tal-2-.

Required Signature/Incorporator

12-18-18 Date

> FILED 18 DEC 19 AH 32 50 SECRETARY OF STATE FALL AHASSEE, FLURIDA