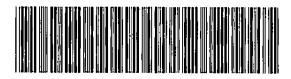
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only

M. MOON FEB 01 2019



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W19-7590



January 23, 2019

SCOTT SIDLER 2117 S DAVIDSON AVE ORLANDO, FL 32805

SUBJECT: AUSTIN ENTERPRISES GROUP, INC.

Ref. Number: W19000007590

We have received your document for AUSTIN ENTERPRISES GROUP, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Selection of Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon Regulatory Specialist III

Letter Number: 219A00001714

COVER LETTER

TO:

Charter Section

Tallahassee, FL 32301

Division of Corporations	
SUBJECT: Qustin Enterprises Name of Resulting	Group Inc. 2 Florida Profit Corporation
	poration, and fees are submitted to convert an "Other Business"
Please return all correspondence concerning this matter t	o:
Scott Sidler Contact Person	
austin Enterprises Group I	FILED PH 3: 92
2117 S. Division ave. Address	
Orlando, FL 32805 City, State and Zip Code	 _
E-mail address: (to be used for future annual report	l.Com notification)
For further information concerning this matter, please ca	II:
Scott Sidler at (4) Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	75 Filing Fees ### Certified Copy ### Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

414000157375

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
austin Enterprises Group, LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is aimi tedliability 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 Horida (Enter state, or if a non-U.S. entity, the name of the country)
on
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 <u>attached Articles of Incorporation:</u> Austin Enter Prises Group 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.

Signed this Hth d	ay of <u>January</u>	. 20 19	
•	Florida Profit Corporation		
Signature of Chairman, V Incorporator:	coChairman, Director, Offi	cer, or, if Directors or Officers	s have not been selected, an
Required Signature(s) po	n behalf of Other Business	Entity: [See below for requir	ed signature(s).]
Signature: Aco	dit .		
Printed Name: Soft	15 idler	Title: President	
Signature:			
Printed Name:		Title:	
Signature:			TALL AND PH 3: S.
Printed Name:		Title:	是 元
Signature:			三二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
Printed Name:		Title:	——— 第 星 四
Signature:		·	بي بي
		Title:	~ · ~
Signature:			
Printed Name:		Title:	
If Florida General Partn Signature of one General I	e <mark>rship or Limited Liability</mark> Partner.	y Partnership:	
If Florida Limited Partn Signatures of <u>ALL</u> Genera	ership or Limited Liability al Partners.	Limited Partnership:	
If Florida Limited Liabil Signature of a Member or	lity Company: Authorized Representative.		
All others: Signature of an authorized	person.		
Fees:		***	
Certificate of Con Fees for Florida A Certified Copy: Certificate of State	articles of Incorporation:	\$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)

The name of the corporation shall be: Qustin E	interprises Group Inc.
ARTICLE II PRINCIPAL OFFICE	,
The principal place of business/mailing address is:	
2117 S. Principal street address Division Ave.	Mailing address, if different is:
Orlando, FL SOS	
VIIII/00, 12 5005	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	_
Educational content + E-co	ommerce on DIV topics
	- D .
	% 3
ARTICLE IV SHARES The number of shares of stock is:	3. 32
RTICLE V INITIAL OFFICERS AND/OR DIRE	
	Name and Title: Delores Sidler-VP
t .	1
Idress: 12 M. Thornton ave.	
Orlando, FL 32801	Orlando, FL 32801
ne and Title:	Name and Title:
ress:	Address:
and Title:	Name and Title:
SS:	4.11
	Address:

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: Scott Sidler	
Address: 2117 S. Division ave.	
Orlando, FL 32805	· · · · · · · · · · · · · · · · · · ·
ARTICLE VII INCORPORATOR	至
The name and address of the Incorporator is:	
Name: Scott Sidler	3- Pm
Address: 2117 S. Division ave.	بن الله الله الله الله الله الله الله الل
Orlando, FL 32805	
**************************************	**************************************
this certificate, I am familiar with and accept the appointment as regi	stered agent and agree to act in this capacity
Acoll L	1/14/19
Required Signature/Registered Agent	Date
submit this document and affirm that the facts stated herein are tri	ie. 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.
_ Acad \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1/14/19
Required Signature/Incorporator	Date