## P19000010813

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER

TO: Charter Section **Division of Corporations** TTowne Corporation SUBJECT: 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: Tonja Towne Barwick Contact Person TTowne Corporation Firm/Company 517 Spring Club Drive Address Altamonte Springs, FL 32714 City, State and Zip Code sgermer@cpa.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Sandra Germer ) 850-5831 Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: □ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Filing Fees ■\$122.50 Filing Fees. and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status STREET ADDRESS: MA LING ADDRESS: **New Filings Section New Filings Section** Division of Corporations Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## 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 C	onversi	on is:	
TTowne Corporation			
Enter Name of Other Business Entity	<del></del> -		
2. The "Other Business Entity" is a S Corporation			
(Enter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)	٦,		
first organized, formed or incorporated under the laws of Nebraska (Enter state, or if a non-U.S. entity, the name of the country)			
03/21/2005 on			
Enter date "Other Business Entity" was first organized, formed or incorporat	.ed		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the la organized, formed or incorporated:	ws of w	hich i	t is now
N/A			
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> TTowne Corporation	on:		
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 i Department of State.)		•	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.	this date	2 will	not be
		19 f	
Page 1 of 2	AWSTE, FLO	FEB -1 PH 5:	FILED

Signed this 29 day of January				
Required Signature for Florida Profit Corporation:				
Signature of Charman, Vice Charman Director, Offic Incorporator:  Printed Name: Tonja Towne-Barwick Title: Preside	eer, or, if Directors or Officers have not been	n selecte	d. an	
Required Signature(skon beloaf of Other Business	Entity: [See below for required signature(s	).]		
Signature:				
Printed Name: Tonja Towne-Barwick	Title: President			
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 Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	<u>Limited Partnership:</u>			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			19 FI	
All others: Signature of an authorized person.			FEB-I PM	- 1410
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)	FLORIDA	M 5: 21	

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME Towne Corporation shall be:	on		
ARTICLE II	PRINCIPAL OFFICE			
The principal p	place of business/mailing address is:			
Tonja Barwick	Principal street address		Mailing address, if differen	it is:
517 Spring Clu				
Altamonte Spri				
The purpose for	I PURPOSE  or which the corporation is organized is neeting planner.	:		
<b>ARTICLE IV</b> The number of	SHARES shares of stock is:			
ARTICLE V	INITIAL OFFICERS AND/OR L			
Name and Titl	Tonja Towne - Barwick/President	Name and Title	Tonja Towne - Barwick/Dire	ector
Address:	517 Spring Club Drive	Address:	517 Spring Club Drive	
	Altamonte Springs, FL 32714		Altamonte Springs, FL 32714	. 10
Name and Titl	Tonja Towne - Barwick/Secretary	Name and Title	:	833
Address:	517 Spring Club Drive	Address:		102
	Altamonte Springs, FL 32714			P 1
Name and Title	Tonja Towne - Barwick/Treasurer	Name and Title	:	08.1 08.1
Address:	517 Spring Club Drive	Address:		**
	Altamonte Springs, FL 32714	<u> </u>		
		<del></del>		

ARTICL	E VI REGISTERED AGENT		
The <u>name</u>	and Florida street address (P.O. Box NOT ac	eptable) of the registered agent is:	
Name:	Tonja Towne - Barwick		
Address:	517 Spring Club Drive		
	Altamonte Springs, F1, 32714		
ARTICL	· · · · · · · · · · · · · · · · · · ·		
The name	and address of the Incorporator is:		
Name:	Tonja-Towne Barwick		
Address:	517 Spring Club Drive		
	Altamonte Springs, FL 32714		
******	*******	*******	
Having be	een named as pegistered agent to accept service	of process for the above stated corporation at the place designated	l in
this certifi	icale). I am familiar with and accept the appoint	nent as registered agent and agree to act in this capacity	
	180	01/01/2019	
77	Required Signature Registered Agent	Date	
L submit L	his dochment and affirm that the facts stated b	rein are true. I am aware that any false information submitted i.	
document	to the Department of State constitutes a third d	gree felony as provided for in s.817.155, F.S.	
//		01/01/2019	
UK	Required Signature/Incorporator	Date	

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