## P19000013800

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

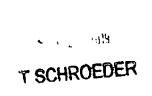
Office Use Only



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19 FEB 15 FM IE: 03





## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

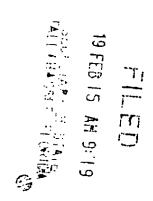
Bal Supply, LLC				
Dai Jupiy, LLO				
			•	
				Am of her City
			<del></del>	Art of Inc. File
				LTD Partnership File
			<del></del>	Foreign Corp. File
			<del></del>	L.C. File
			<del></del>	Fictitious Name File
			<del></del>	Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			_ <del>_</del>	Dissolution / Withdrawal
			<b></b>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del></del>			Fictitious Owner Search
			<u></u>	Vehicle Search
			<u></u>	Driving Record
Requested by: Seth	02/15/10			UCC 1 or 3 File
	02/15/19	- The state of the		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Thomas & Balance	Will Pick Up			Courier

## 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:
Bal Supply, LLC 109-87978
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
2. The "Other Business Entity" is a limited liability 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
(Enter state, or if a non-U.S. entity, the name of the country)
September 10, 2009
Enter date "Other Business Entity" was first organized, formed or incorporated
<ol> <li>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:</li> <li>The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:</li> </ol>
•
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

Page 1 of 2



Signed this 12.44 day of February	, 20_ <sup>1</sup>	9	
Required Signature for Florida Profit Corporation	<u>.</u>		
Signature of Chairman, Vice Chairman, Director, Office Incorporator:	cer, or, if Directors or Ol	Ticers have not bo	en selected, un
Required Signature(s) on behalf of Other Business			(s).]
Signature: Vate Date			<u>.</u>
Printed Name:	Title:Title:	ber	_
Signature:			
Printed Name:			
Signature:			_
Printed Name:	Title:		
Signature:			_
Printed Name:			
Signature:			_
Printed Name:	Title:		_
Signature:			
Printed Name:			
If Florida General Partnership or Limited Limbility Signature of one General Partner.		·	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			·
All others: Signature of an authorized person.			19 FEB
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)		ILED IS AN 9: 19 AND THE TANK

Page 2 of 2

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 624, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing	address, if different is:
28086 Meadowlark Lane		
Bonita Springs, FL 34134		
ARTICLE III PURPOSE		, <del></del>
The purpose for which the corporation is organized	is:	
All purposes permitted in the State of Florida		
<del></del>		
<del></del>		<u> </u>
ARTICLE IV SHARES The number of shares of stock is:		8 5 T
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS	
Name and Title: Kent Witzel, P/VP/S/F	Name and Title:	
Address: 28086 Meadowlark Lane	Address:	
Donita Springs, FL 34134	<del></del> _	
-	Name and Title:	<del></del>
Name and Title:	Addron	•••
Name and Title:		·•·
Name and Title:		······································

Bonita Springs, FL 34134  FCLE VII INCORPORATOR tame and address of the Incorporator is:  Kent Witzel  28086 Mendowlark Lanc  Bonita Springs, FL 34134  Bonita Springs, FL 34134  February 12, 2019  Required Signature/Registered Agent and affirm that the facts stated herein are true. I am aware that any false information sument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Life William Springs, FL 34134  February 12, 2019  Required Signature/Registered Agent  Required Signature/Incorporator  February 12, 2019  Required Signature/Incorporator  February 12, 2019  Required Signature/Incorporator  Date	o:	Kent Witzel					
Bonita Springs, FL 34134  CICLE VII INCORPORATOR tame and address of the Incorporator is:  Kent Witzel  28086 Meadowlark Lane  Bonita Springs, FL 34134  Bonita Springs, FL 34134  Bonita Springs, FL 34134  Expression of the above stated corporation at the place description, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Color of the above stated corporation at the place description, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  The Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  February 12, 2019  Required Signature/Incorporator  Date  February 12, 2019  Required Signature/Incorporator  Date  February 12, 2019  Required Signature/Incorporator		28086 Meadowlark Lane					
Required Signature/Incorporator  Example and address of the Incorporator is:    Kent Witzel		Bonita Springs, FL 34134					
Ess:  28086 Meadowlark Lane  Bonita Springs, FL 34134  28086 Meadowlark Lane  Bonita S	ICL.	E VII INCORPORATOR					
Bonita Springs, FL 34134  *********************************	ame	and address of the incorporator is:					
Bonita Springs, FL 34134  Required Signature/Registered Agent that the facts stated herein are true. I am aware that any false information subsent to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  February 12, 2019  Required Signature/Registered Agent  Required Signature/Registered Agent  The Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  February 12, 2019  Required Signature/Incorporator  February 12, 2019  Required Signature/Incorporator  Date  February 12, 2019  Required Signature/Incorporator		Kent Witzel					
Required Signature/Incorporator  The place of process for the above stated corporation at the place description of the appointment as registered agent and agree to act in this capacity  February 12, 2019  Required Signature/Registered Agent  This document and affirm that the facts stated herein are true. I am aware that any false information subsent to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.  February 12, 2019  Required Signature/Incorporator  Date  This document and affirm that the facts stated herein are true. I am aware that any false information subsent to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	ss:	28086 Meadowlark Lane					
registered agent to accept service of process for the above stated corporation at the place description of the appointment as registered agent and agree to act in this capacity    Life of the constitute of the appointment as registered agent and agree to act in this capacity    February 12, 2019		Bonita Springs, FL 34134					
nit this document and affirm that the facts stated herein are true. I am aware that any false information sument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.    Solution	*** ig be criifi	en named as registered agent to accept service of	process for the above stated con	rporation	n at the n this ca	place ipacit	e d ty
Required Signature/Incorporator    Date   Pebruary 12, 2019	ig be crtifi	en named as registered agent to accept service of	process for the above stated con it as registered agent and agree	rpøratios e to act is	n at the n this ca	place ipacit	e d ty
Required Signature/Incorporator Date	ng be crtifi	en named as registered agent to accept scrvice of cate, I am familiar with and accept the appointments	process for the above stated con it as registered agent and agree February 12, 2	rporation e 10 act in 2019	n at the n this ca	place pacit	e d ty
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	eriyi Le mit tl	en named as registered agent to accept service of cate, I am familiar with and accept the appointment of the appointment of Signature/Registered Agent his document and affirm that the facts stated here to the Department of State constitutes a third degree	February 12, 2  In are true. I am invare that as reflections as provided for in s.8.  February 12, 2	rporation e to act in 2019 c ny false i 17.155, 1	n this ca — informa	ipacit	ty