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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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P	•		COVER LI	STIER		.:
TO:	Charter Section Division of Co					
SUBJ	ECT: S & E Enter	prises of S. FL., INC.				
., 0 20		Name of	Resulting Florid	la Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an 15, F.S.	"Other Business
Please	e return all corresp	oondence concerning this	s matter to:			
Suzan	ne Hawkins					
		Contact Person				
S & E	Enterprises of S. F	L., INC.				
		Firm/Company				
4051 5	Skyway Drive					
		Address		_		
Naple	s, FL 34112					
		City, State and Zip Code	ů.	_		
suzani	nehawkins@icloud	.com				
	E-mail address: (t	o be used for future annu	ual report notific	cation)		
For fu	rther information	concerning this matter,	please call:			
Suzan	ne Hawkins		at (303	478-9	450	
	Name of Co	ontact Person		Code and	l Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
= \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified (☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	

STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:
S & E Enterprises of S. FL., FOC #F17-4787
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S Corp
(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)
01/01/2012 on .
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:
Florida
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
S & E Enterprises of S. FL., INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: Connect be miss to non-more than 00 days effor the date this decument in filed by the Florid.
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Fiorag.
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.

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SECRETARY OF STATE

Signed thisday of	20
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Suzanne Hawkins Printed Name: Suzanne Hawkins Title: Director	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	
· · · · · · · · · · · · · · · · · · ·	-
Signature: Suzanne Hawkins Printed Name:	President Title:
Signature:	
Printed Name:	
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. If Florida Limited Partnership or Limited Liability 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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$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)

ARTICLE II	PRINCIPAL OFFICE	
The principal pla	ce of business/mailing address is:	
4051 Skyway Dri	Principal street address	Mailing address, if different 4051 Skyway Drive
Naples, FL 34112	<u> </u>	Naples, FL 34112
_		
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
Consulting		
ARTICLE IV	SHARES	
ARTICLE IV The number of sl		
ARTICLE IV The number of sl ARTICLE V	SHARES	
The number of sl	SHARES arres of stock is: 2	
The number of sl ARTICLE V Name and Title:	SHARES pares of stock is:	ECTORS Name and Title: 4051 Skyway Drive
The number of sl ARTICLE V Name and Title: Address:	SHARES nares of stock is:	ECTORS Erik Hjortaas - Vice Presider Name and Title:
The number of sl ARTICLE V Name and Title: Address:	SHARES pares of stock is:	ECTORS Name and Title: Erik Hjortaas - Vice Presider 4051 Skyway Drive Address: Naples, FL 34112
The number of sl ARTICLE V Name and Title: Address:	SHARES nares of stock is:	ECTORS Name and Title: 4051 Skyway Drive Address:
The number of sl ARTICLE V Name and Title: Address:	SHARES pares of stock is:	ECTORS Name and Title: Erik Hjortaas - Vice Presider 4051 Skyway Drive Address: Naples, FL 34112
The number of sl ARTICLE V Name and Title: Address: Name and Title: Address:	SHARES pares of stock is:	ECTORS Name and Title: Erik Hjontaas - Vice Presider 4051 Skyway Drive Naples, FL 34112 Name and Title:
The number of sland Title: Address: Name and Title: Address: Address:	SHARES nares of stock is:	Ectors Name and Title: 4051 Skyway Drive Naples, FL 34112 Name and Title: Address:
The number of slant control of slant con	SHARES pares of stock is:	ECTORS Name and Title: 4051 Skyway Drive Naples, FL 34112 Name and Title: Address:

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Suzanne Hawkins Name: 4051 Skyway Drive Address: Naples, FL. 34112 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Suzanne Hawkins Name: 4051 Skyway Drive Address: Naples, FL 34112 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 Suzanna Hawkins
Required Signature/Registered Agent 2/18/19 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. 2/18/19 Suzanna Hawkins
Required Signature/Incorporator Date