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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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COVER LETTER

TO: Charter Section Division of Corporations					
·	R PRO SERV	11005	<u> 210</u>		
SUBJECT: G3 COHOCR PRO SERVICES, LIC. Name of Resulting Florida Profit Corporation					
The enclosed Certificate of Conversion, Art Entity" into a "Florida Profit Corporation" i			d to convert an "Other Business		
Please return all correspondence concerning	this matter to:				
Charles 1-layd GR Contact Person	17/11 <u>111</u>				
Firm/Company					
3000 RAVEN LN.					
City. State and Zip City. State and Zip City. State and Zip City. State and Zip City. E-mail address: (to be used for future					
•					
For further information concerning this mat	·		// 		
Name of Contact Person	at (<u>4/C)</u> Area Code and	d Daytime Telep	hone Number		
Enclosed is a check for the following amount	nt:				
S105.00 Filing Fees S113.75 Filing Fe and Certificate of Status	ces S113.75 Filing Fees and Certified Copy	□\$122.50 Fili Certified Copy Certificate of S	r, and		
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	New F Divisio P. O. I	ING ADDRESS Filings Section on of Corporatio Box 6327 assee, FL 32314	ns		

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 Conversion is:
Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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
on <u>Jle July 2016</u> Enter date "Other Business Entity" was first organized, formed or incorporated
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:
PL
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
G3 Outdoor Pro Survices 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
(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.

Page 1 of 2

FILED 19 MAR 20 PM 1: 34

Signed this 22 day of JAN'	. 20 / 9				
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Charles Zloyd GRI fin III.	eer, or, if Directors or Officers have not been selected, an				
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]				
Signature:					
Printed Name: Charles Mayo Cai His III	Title: Mgc.				
Signature:	(
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:					
Signature:					
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.					
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	<u>Limited Partnership:</u>				
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 I NAME The name of the corporation shall be: 65 Octo	loor PRO Services INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address 2.240 S. FELDON Blvd Suite 33	Mailing address, if different is:	
CRESTVIEW, FL 3.2536		_
		_
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
Any and All LAWful po	URP 05PS	
	,	
		
		_
The number of shares of stock is: 100		
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS	
Name and Tale: President	Name and Title:	-
ddress: 3002 RAVPA LA!	Address:	_
Crestview FL 32539	21 1773	-
ame and Title:	Name and Title:	-
idress:	Address:	
		– <u>C</u>
me and Title:	Name and Title:	-
tress:	Address:	_

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Reduiew 12. 30539 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Charles Hoyd Criffin III Name: 3002 RAVEN LN CRESTITEN, FL, 32539 Address: 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 33/40 20/9 Date 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.

Required Signature/Incorporator