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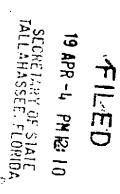
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PICK-UP	WAIT	MAIL
	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

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COVER LETTER

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Tallahassee, Fl. 32301

TO:	Charter Section			.	*
IO.	Division of Co				
		· .		_	
SUR	IECT: Dr	YC INDUST	TRIES OF FL	-Inc.	
OUIM			Resulting Florida Profi		
					a
		e of Conversion, Article: Profit Corporation" in ac		fees are submitted to conver 115, F.S.	1 an "Other Business
Please	e return all corresp	ondence concerning this	s matter to:		
~	OHN CAT	PELLINA			
	- 1.	Contact Person			
7	\				
	DWG TN	DUSTRIES Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		Firm/Company			
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	150 0.11	Address	17(1) 260		
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7	uc & cluc	o be used for future annu	om		
	E-maii address: (t	o de usea for future anni	uai report nouncation)		
For fu	irther information	concerning this matter,	please call:		
1	(()	5 5 1		397-8622	
ى		PELLINO Dontact Person	_"(nd Davtime Telephone Num	har
	Name of Co	omact Person	Area Code ai	id Daytine Telephone Num	oci
Enclo	sed is a check for	the following amount:			
[8]_\$1	05.00 Filing Fees	\$113.75 Filing Fees	[য়\$113.75 Filing Fee:	s [11\$122.50 Filing Fees,	
	Č	and Certificate of	and Certified Copy	Certified Copy, and	
		Status		Certificate of Status	
CTDI	EFT ADDDESS.		мат	LING ADDRESS:	
	EET ADDRESS: Filings Section			Filings Section	
	ion of Corporation	าร		ion of Corporations	
Clifte	n Building		P. O.	Box 6327	
2661	Executive Center	Circle	Talla	hassee, 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:
D.M.C. INDUSTRIES INC.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S' Corpor ATION (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 NEw York (Enter state, or if a non-U.S. entity, the name of the country)
on Henter 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:
New York April 11, 1997
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
DMC INDUSTRIES OF FL INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 3-30-2019. (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 Page 1 of 2 Page 1 of 2

Signed this 15 day of MArch	. 20 19		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: John CARJUNATitle:		en selected, an	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	s).]	
Signature:		-	
Printed Name: JOHN CARPELLING	Title: President	-	
Signature:		-	
Printed Name:	Title:	•	
Signature:		-	
Printed Name:	Title:	-	
Signature:		-	
Printed Name:	Title:	-	
Signature:		-	
Printed Name:	Title:	-	
Signature:		V	
Printed Name:	Title:	19 A SECR	
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	PR -4 ETARY (T =
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	OF STATE	フ
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		DA DA	
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)

The name of the corporation shall be: DMC	-NOUSTRIES OF FL INC.
The principal place of business/mailing address is:	
Principal street address 430 3-0 AVE South	Mailing address, if different is:
Juite 260	
STAINT Petersburg, FL 33701	
-[10000011 [10000001] The purpose for which the corporation is organized is:	
To Buy & Sell USED	PACKAGING AND Processing
Machinery For the	PACKAGING AND Processing Pharmacestical AND
Allieb INDOSTRIES	
<u> </u>	SEC NCL
	## 2 T
The number of shares of stock is: 2000	TATE ORIDA
्रात्राक्षात्रक्षम् । १८० - १८४ व्यक्तास्य । १९५० व्यक्तास्य । १९५० व्यक्तास्य ।	
Name and Title: JOHN CAPPELLING PROS	Name and little:
Address: 430 3rd Ave South	Address:
APT 260 ST Reters bong FL 33701	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

•			
<u>Juli</u>	P160 (666006161616166)		
	and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	JOHN CAPPELLING		
Address:	430 3rd Ave South AyIZ60		
	ST PEtersburg FL 33701		
300 00 0	HUN IMBOOROOO		
The name	and address of the Incorporator is:		
Name:	JoHN CAPPETLINE		
Address:	430 3-d AJES APTZ10		
	ST Peters buy FL 33701		
	,		
******	*****	***	
Having be this certific	en named as registered agent to accept service of process cate, fam familiar with and accept the appointment as reg	for the above stated corporation at the place desistered agent and agree to act in this capacity	signated in
		3-15-2019	
·	Required Signature/Registered Agent	Date	
I submit th document	is document and affirm that the facts stated herein are tr to the Department of State constitutes a third degree felong	ue. I am aware that any false information sub- as provided for in s.817.155, F.S.	mitted in a

Required Signature/Incorporator

3-15-2019 Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA