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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(Styrotate/2.p/r Holle #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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2019 APR 23 AM 8: 04 SECKETARY OF STATE

COVER LETTER

TO:

Charter Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations
SUBJECT: Dynamic Woodrastz
Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Busines Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Civistopher Avanini Contact Person
Dynamic Woodrootz Firm/Company
3765 Canton Street
Caca, FL 34946 City, State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Prumini at 3H 514-1197 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$105.00 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327

Tallahassee, Fl. 32314

Attn: Jessica Fason

COVER LETTER

TO: Charter Section Division of Corporations	
SUBJECT: Name of Resulting Florida Profit Corporation	
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Fentity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.	Business
Please return all correspondence concerning this matter to:	
Chris Framini Contact Person	
Dynamic Woodrobtz UC Firm/Company	e-vigen
3765 Caniton St Address	
City, State and Zip Code	
f-mail address: (to be used for future annual eport notification)	
For further information concerning this matter, please call:	
Chris Franini 321, 514-1197	
Name of Contact Person Area Code and Daytime Telephone Number	
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 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:

Certified Copy, and

Certificate of Status

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 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
first organized, formed or incorporated under the laws of
on
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 (Bulliad (Danty))
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Dynamic Words at 7 Inc Enter Name of Florida Profit Corporation
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 listed as the document's effective date on the Department of State's records.

Page I of 2

2019 APR 23 AM 8: 04
SECRETARY OF STATE
TALL ASIASSES FI

Signed this 3 (i) day of Po[1]	. 20 [C]			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vide Chairman, Director, Office Incorporator: Printed Name: The Company of the Company	ter, or, if Directors or Officers have not been selected, an			
Required Signature(s) on behalf of Other Business 1				
Signature: // //				
Printed Name: NVS Prumini	Title: Président			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	_ Title:			
Signature:				
Printed Name:				
Signature:				
Printed Name:				
Signature:				
Printed Name:				
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.	Limited Partnership:			
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)

The name of the corporation shall be: Dylowic Wood 1007 In C				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:				
COLDA FL 32-976	Mailing address, if different is:			
COLDA, FL 32926	3765 Canton St.			
	Colon, Fr. 32926			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ———————————————————————————————————	-			
ARTICLE IV SHARES The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS AND/OR DIRE				
Name and Title: Chris Pramini Pres	Name and Title:			
Address: 3765 (anton) St	Address:			
(000a, fr 32926				
Name and Title:	Name and Title:			
Address:	Address:			
Name and Title:	Name and Title:			
Address:	Address:			

ARTICLE	E VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:				
Name:	Mis Bramini			
Address:	3765 Canton St			
	Corona 10 32926			
ARTICLE	E VII INCORPORATOR			
The <u>name</u> :	and address of the Incorporator is:			
Name:	Chris Pramini			
Address:	3765 Canton St			
	Cocca, FC 37976			
	•			
*******	******************	*********		
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				
· /		April 23, 2014		
L	Required Signature/Registered Agent	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.				
/		April 23, 2019		
U	Required Signature Incorporator	Date		

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