# P1900040805

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

Office Use Only

R KEMPLE NAY 15 2019



400329478284

19 MAY 15 MILL 15

RECEIVED

19 KM 15 PH 3: 28

19 KM 15 PH 3: 28

#### CT CORP

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

5/15/2019

Date:

	Acc#I20160000072		
Name:	T-MAK LABS, INC.		
Document #:			
Order #:	11665134		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:		
Filing: 🗸	Certified: Plain: COGS:		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 105.00		

Thank you!

## 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.

Signed this 13th day of May	, 20 <u>19</u>
Required Signature for Florida Profit Corporati	on:
Signature of Chairman, Vice Chairman, Director, O	fficer, or, if Directors or Officers have not
been selected, an Incorporator:  Printed Name: Timothy J. Phelan  Title:	President
Required Signature(s) on behalf of Other Business signature(s).]	
Signature: Handle Printed Name: Timothy J. Phelan	Title: President
	•
Signature:Printed Name:	Title
rrinted ivaine:	1 Hie.
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Fillited (valie)	
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y 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:	\$35.00 <u></u> 5

Page 2 of 2

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation:

Certified Copy: Certificate of Status:

### ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of t	NAME he corporation shall be:	6, INC.	
ARTICLE I			
The principal	place of business/mailing address is:		
(120 0) 1 0	Principal street address		Mailing address, if different is:
6130 Clark C Suite 103	enter		
<del> :-</del>			
Sarasota, FL	34238		
ARTICLE I	II PURPOSE		
	for which the corporation is organized		and under the laws of the United
The purpose	s of the Corporation are to engage in a	any activity or business p	ermitted under the laws of the United
States and th	e State of Florida.		
ARTICLE I	IV SHARES 100,000 Shares of	of Common Stock at no pa	ar value
The number of	of shares of stock is:		
ARTICLE	V INITIAL OFFICERS AND/	OR DIRECTORS	
Name and T	Timothy J. Phelan, PD	Name and Titl	Megan E. Phelan, VSTD le:
	5399 Peppermill Ct.	Address:	5399 Peppermill Ct.
Address:	Sarasota, FL 34241		Sarasota, FL 34241
		<del></del>	
Name and T	itle:	Name and Titl	le:
Address:		Address:	
			1
Name and T	`itle:	Name and 11t	le:
Address:		Address:	
		<u></u>	
4 PATAL E	m projecteded AGENT		gistered agent is:
The name a	nd Florida street address (P.O. Box I	NOT acceptable) of the rep	gistered agent is:
	Timothy J. Phelan		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5399 Peppermill Ct.		A III
Address:	Sarasota, FL 34241	<del></del>	<b>∄</b> R •
Address:	VI REGISTERED AGENT nd Florida street address (P.O. Box f	Address:	gistered agent is:

ARTICL		
The name	and address of the Incorporator is:	
Name:	Timothy J. Phelan	
∧ddress:	5399 Peppermill Ct.	
	Sarasota, 11. 34241	
******	**********	*******
Having be designated capacity	een named as registered agent to accept service d in this certificate, I am familiar with and accept  Winothy Physian	of process for the above stated corporation at the place the appointment as registered agent and agree to act in this
Ву:	41100	05 - 13 - 2019 Date
<del></del> (	Required Signature/Registered Agent	Date
l submit submitted	this document and affirm that the facts stated In a document to the Department of State constitu	herein are true. I am aware that any false information tes a third degree felony as provided for in s.817.155, F.S.
Tu	y JRR	05-13-2219
•	Required Signature/Incorporator	Date
.1	Fimothy J. Phelan	