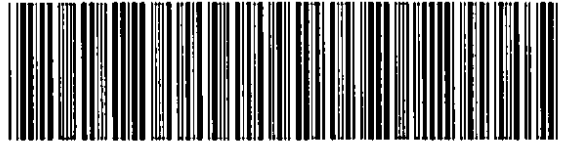


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05/15/19--01016--003 **105.00

(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

K. PAGE

MAY 30 2019

19 MAY 29 4H 8:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2019

WENDY OBRIEN
PO BOX 10907
BROOKSVILLE, FL 34603

SUBJECT: FOXTROT RESEARCH
Ref. Number: W19000050467

We have received your document for FOXTROT RESEARCH and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 419A00010542

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: FOXTROT RESEARCH
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

WENDY OBRIEN
Contact Person

FOXTROT RESEARCH
Firm/Company

PO BOX 10907
Address

BROOKSVILLE, FL 34603
City, State and Zip Code

WOBRIEN@FOXTROT-RESEARCH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY OBRIEN at (352) 584-0971
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 and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$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 **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:

FOXTROT RESEARCH LLC

LR-94200

Enter Name of Other Business Entity

2. The "Other Business Entity" is a

LIMITED LIABILITY COMPANY

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

FLORIDA

first organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

04/16/2018

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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

FOXTROT RESEARCH CORP

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.

FILED

19 MAY 29 AM 8:15

Signed this 9TH day of MAY, 2019

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Wendy OBrien Title: INCORPORATOR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: JONATHAN M OBRIEN Title: MANAGER/ GEN PARTNER

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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 Limited Partnership:

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: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

19 MAY 29 AM 8:15

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: FOXTROT RESEARCH CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

26348 CROOKED TREE LANE

BROOKSVILLE, FL 34602

Mailing address, if different is:

C/O WENDY OBRIEN

PO BOX 10907

BROOKSVILLE, FL 34603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ENGINEERING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONATHAN M OBRIEN PRES/CTO

Address: 26348 CROOKED TREE LANE

BROOKSVILLE, FL 34602

Name and Title: KELSEY PRUDDEN VICE PRES

Address: 26348 CROOKED TREE LANE

BROOKSVILLE, FL 34602

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 MAY 29 AM 8:15

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

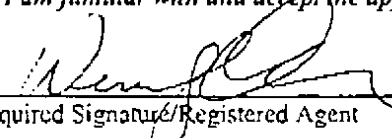
Name: WENDY OBRJEN
Address: 9700 CRITTER LANE
BROOKSVILLE, FL 34601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WENDY OBRJEN
Address: 9700 CRITTER LANE
BROOKSVILLE, FL 34601

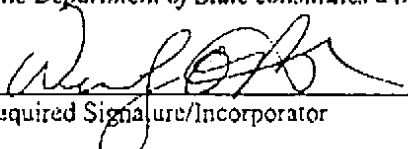
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/09/2019
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

05/09/2019
Date

19 MAY 29 AM 8:15
A. J. ...