P19000043596

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
	, , ,		

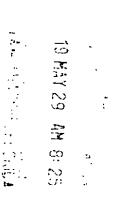
Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2019

WENDY OBRIEN PO BOX 10907 BROOKSVILLE, FL 34603

SUBJECT: TNARA OPERATIONS GROUP

Ref. Number: W19000050466

We have received your document for TNARA OPERATIONS GROUP 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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: 919A00010541

COVER LETTER

TO:	Charter Section Division of Con					
el:Di	CECT.	TNARA OPERZ	ATIONS (ROUP		
SUBJ	ECT:	Name of	Resulting	Florida Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an '' [5, F.S.	Other Business
Please	e return all corresp	oondence concerning thi	s matter t	 		
WENI	DY OBRIEN					
		Contact Person				
TNAR	RA OPERATIONS	GROUP				
		Firm/Company				
PO BO	OX 10907					
		Address				
BROG	OKSVILLE, FL 34	603				
-	-	City, State and Zip Cod	2			
WOBI	RIEN@FOXTROT	-RESEARCH.COM				
	E-mail address: (t	o be used for future ann	ial report	notification)		
For fu	irther information	concerning this matter,	please ca] :		
WENI	DY OBRIEN		at (52 58	4-0971	
	Name of Co	ontact Person		Area Code and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
S \$10)5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		75 Filing Fees nified Copy	☐S122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	ET ADDRESS: Filings Section ion of Corporation in Building Executive Center hassee, FL 32301	Circle		New F Divisio P. O. H	ING ADDRESS: ilings Section on of Corporations sox 6327 assec, 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:
TNARA OPERATIONS GROUP LLC	19-43376
Enter Name of Other	r Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY Co	OMPANY
(Enter entity type. Example: limited li general partnership, common law or b	
first organized, formed or incorporated under the laws of	FLORIDA
04/16/2019 on	
Enter date "Other Business Entity" was f	irst organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was chang organized, formed or incorporated:	ed, the state or country under the laws of which it is now
4. The name of the Florida Profit Corporation as set forth in th	e attached Articles of Incorporation:
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 d Department of State.) Note: If the date inserted in this block does not meet the applifisted as the document's effective date on the Department of St	ays after the date this document is filed by the Florida cable statutory filing requirements, this date will not be ate's records.
Page 1	of 2
	19 HJ

Signed this 9TH day of MAY	, 20		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Susan Bally Title: Director	er, or, if Directors or Officers have not been sel	ected, an	
Required Signature(s) on behalf of Other Business			
Signature:	(dee below for required singminute(s).)		
	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 Signature of one General Partner.	Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	~ . ~	t O
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			X >- ≺
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)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	· -
	Page 2 of 2		

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

ARTICLE I	NAME TNARA OPERATION the corporation shall be:	S GROUP INC			
	•				
ARTICLE I. The principal	PRINCIPAL OFFICE place of business/mailing address is:				
	Principal street address	C/O W	Mailing address, if differe	int is:	
3550 MARLIN	NSPIKE DR	PO BO	OX 10907		
TAMPA, FL.	33607	BROC	OKSVILLE, FL 34603		
The purpose	TI PURPOSE for which the corporation is organized is: NG SERVICES				
					<u> </u>
					_
	V SHARES I shares of stock is:				
ARTICLE	V INITIAL OFFICERS AND/OR DIR	ECTORS			
Name and Tit	CHARLES FARANT CEO	Name and Tit	JONATHAN M OBRIEN	СТО	
Address:	302 IST AVE SW	Address:	3550 MARLINSPIKE DR		
	LUT2. FL 33548		TAMPA, FL 33607	190	- 6 <u>7</u> 25
Name and Tit	SUSAN BOULLY (D)	Name and Titl	le:	- 1	<u>~</u>
Address:	2705 MANOR HILL DR	Address:		 	 5
. 144.000	BRANDON, FL 33511	7,007013.	_	<u> </u>	
Name and Tit	de:	Name and Titl	de:	5 0.	<u>8</u> 25
Address:		Address:			
					

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT accepts	ble) of the registered agent is:
Name:	WENDY OBRIEN	
Address:	9/00 CRITTER LANE	
	BROOKSVILLE, FL 34601	
ARTICL	E VII INCORPORATOR	
	and address of the Incorporator is:	
Name:	SUSAN BOULLLY	
Address:	2705 MANOR HILL DR	
	BRANDON, FL 33511	
	cen named as registered agent to accept service of pricate, I am familiar with and accept the appointment	****************************** veess for the above stated corporation at the place designated in
111. L	mX OPO?	05/09/2019
	Required Signature/Registered Agent	Date
	this document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in a felony as provided for in s.817.155, F.S.
	-usan Boully	05/09/2019
	Required Signature/Informarator	Date