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Certified Copies	Certificates	of Status
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RECRETARY OF STATE

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M CULLIGAN JUN 1 0 2019 **COVER LETTER** 

TO: Charter Section  Division of Corporations
SUBJECT: Name of Resulting Florida Profit Corporation
Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business" in the Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Gabriel Swarez Contact Person
Contact Person
ML Tampa LLC Firm/Company
345 BAY SHORE BLVD, Unit Phill
tampa, FL, 33.606  City. State and Zip Code
City. State and Zip Code
NL TAMPAINC @GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jabriel Suartz at 407, 430 3968  Name of Contact Person Area Code and Daytime Telephone Number
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sum_\$105.00 Filing Fees and Certificate of Status \$\sum_\$\$113.75 Filing Fees and Certified Copy Certificate of Status \$\sum_\$\$\$\$ \$\sum_\$\$\$\$\$\$ \$\sum_\$
STREET ADDRESS: New Filings Section  MAILING ADDRESS: New Filings Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

#### Certificate of Conversion

For

# "Other Business Entity"

lnto

### 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.

Signed	this 10th day of June	. 20 19	14 1. r
Requir	red Signature for Florida Profit Corpora	tion:	
Signatu Incorpo Printed	ure of Chairman, Vice Chairman, Director, Corator:  Name: 6.46RIEL SUAREE Title:	Officer, or, if Directors or Officers have not been selected, an	
	red Signature(s) on behalf of Other Busin	ness Entity: [See below for required signature(s).]	
		Title: Owner / pasident	
Signati	ire:		
Printed	Name:	Title:	
Signati	ire:		
Printed	Name:	Title:	
Signati	не;	<del></del>	
Printed	Name:	Title:	
Signati	ire:		
Printed	Name:	Title:	
Signati	ire:		
Printed	Name:	Title:	
	ida General Partnership or Limited Liah ire of one General Partner.	oility Partnership:	
	ida Limited Partnership or Limited Liab ires of <u>ALL</u> General Partners.	ility Limited Partnership:	
	ida Limited Liability Company: are of a Member or Authorized Representat	ive.	
All oth Signatu	iers: are 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: NC Tampa	INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
3601 W Kennedy Blud #B	1808 Medart Dr.
3601 W Kennedy Blvd, #B Tampa, FL, 33609	1808 Medart Dr. Hallahassee, FL, 32303
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Any and all lawful business	
	20 H JUN 10
ARTICLE IV SHARES The number of shares of stock is: 100	O PM 1: 06  RY OF STATE SEE. FLORID;
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	ORS
C + A + C + 2 + C	me and Title:
Address: 2256-2 w Pensa rola st Address: FL, 32304	ldress:
Name and Title: Nickolas A Kins D Na	me and Title:
Address: 345 Bayshardlud. untoll Ad	ldress:
Name and Title: Rhett Signpson D. Na	me and Title:
	ldress:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Gabrill Suartz
Address: 2,256-2 W Persacola St
Name: Gabrill Suartz  Address: 2,256-2 W Persacola st  tallahasser, FL, 32304
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
The name and address of the meorporator is.
Name: Gabriel Suarez
Address: 2256-2 W Pensacola st
Name: Gabriel Swarez  Address: 2256-2 W Pensacola st  Hallahassel, FL, 37304
**************************************
6/10/19
Required Signature/Registered Agent Date
submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
6/10/19
Required Signature/Incorporator Date