P1900000 47694

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Consideration to Filips Officers					
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COVER LETTER

TO:	Charter Section Division of Corporations	ı		מ	
	PSALMS 91 ADJUSTING LLC CO	ο			
SUB.		of Resulting Flo	rida Profit	Corporation	
	nclosed Certificate of Conversion. Arti " into a "Florida Profit Corporation" in				an "Other Business
Please	e return all correspondence concerning	this matter to:			
DAV	ID KIM				
	Contact Person				
D&D	ASSOCIATES INC	·			
	Firm/Company				in the second
467 N CENTRAL AVE					: 43 : 20 : 70 : 70
	Address				S P P P P P P P P P P P P P P P P P P P
UPLAND CA 91786					PH 3-13
	City, State and Zip C	lode			ယ ငွာ
DND.	ASSOC@GMAIL.COM				
	E-mail address: (to be used for future a	innual report not	dication)		
For fi	orther information concerning this matt	er, please call:			
DAVID KIM 909		909 at (256-3	978	
	Name of Contact Person		a Code and	I Daytime Telephone Number	er
Enclo	sed is a check for the following amoun	ıt:			
= \$1	05.00 Filing Fees	es □\$113.75 F and Certifie		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Divis Clifto	EET ADDRESS: Filings Section ion of Corporations on Building Executive Center Circle		New F Division P. O. I	ING ADDRESS: Tlings Section on of Corporations Box 6327 assec. FL 32314	

Tallahassee, FL 32301

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:
PSALMS 91 ADJUSTING LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY 48-000006461
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
JANUARY 8, 2018
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:
FLORIDA
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> PSALMS 91 ADJUSTING LLC CO
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 Florid 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 1 of 2

S INVESTED SERVICES AND STATE

\$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 NAME The name of the corporation shall be: PSALMS 91 ADJUST	STING CO
The name of the corporation sharr be.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
1237 CRIMSON CLOVER LANE	
WESLEY CHAPEL, FL 33543	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 3RD PARTY CLAIMS ADJUSTER	PK - 7 PK
	-
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: MIGUEL RUIZ, DIRECTOR	Name and Title:
Address: 1237 CRIMSON CLOVER LANE	Address:
WESLEY CHAPEL, FL 33543	
Name and Title:	Name and Title:
Address:	
Name and Title:	
Address:	Address:

The name	and Florida street address (P.O. Box NOT accep	ntable) of the registered agent is:	
Name:	MIGUEL RUIZ		
Address:	1237 CRIMSON CLOVER LANE		
	WESLEY CHAPEL, FL 33543		
ARTICL	E VII INCORPORATOR		
The <u>name</u>	and address of the Incorporator is:		
Name:	ANGELICA KIM		
Address:	467 N CENTRAL AVE		
	UPLAND CA 91786		
********* Having be	**************************************	**************************************	designated in
this certifi	cate. I am familiar with and accept the appointmen	nt as registered agent and agree to act in this capacit	ı'
	Minikin	6/5/2019	
	Required Signature/Registered Agent	Date	
I submit ti document	his document and affirm that the facts stated here to the Department of State constitutes a third degr	in are true. I am aware that any false information see felony as provided for in s.817.155, F.S.	submitted in a
	Angeliakin	6/5/2019	
	Required Signature/Incorporator	Date	

ARTICLE VI REGISTERED AGENT

19 MAY - 7 PM 3: 13