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COVER LETTER

TO: Charter Section

Division of Co	rporations		
SUBJECT: GO-PT, IN	√C. 🏯		
Sobolic L.	Name of	Resulting Florida Profi	t Corporation
The enclosed Certificat Entity" into a "Florida	te of Conversion, Article Profit Corporation'' in ac	es of Incorporation, and eccordance with s. 607.1	fees are submitted to convert an "Other Business 115, F.S.
Please return all corresp	pondence concerning thi	s matter to:	
LAURA A STREIMER			
	Contact Person	···· <u>-</u> ····	
STREIMER & FLUSBE	RG, P.A.		
	Firm/Company		
1361 SAWGRASS COR	PORATE PARKWAY, SU	JITE 100	
	Address		
SUNRISE, FL 33323			
	City, State and Zip Cod	c	
INFO@SFCPA.NET			
E-mail address: (t	o be used for future ann	ual report notification)	
For further information	concerning this matter,	please call:	
LAURA A STREIMER		954 846-	1100
Name of Co	ontact Person	_ ··· \	d Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$105.00 Filing Fees	OS113.75 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		New Divis Divis P. O.	LING ADDRESS: Filings Section ion of Corporations Box 6327 nassec, 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: GO-PT, LLC
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.)
first organized, formed or incorporated under the laws ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on APRIL 22, 2019 Enter date "Other Business Entity" was first organized, formed or incorporated
 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: The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
GO-PT, INC.
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 isted as the document's effective date on the Department of State's records.

Page 1 of 2

Sig	ned thisday of	, 20 17
Rea	quired Signature for Florida Profit Corporation	
Sig	•	ficer, or, if Directors or Officers have not been selected, an
Rec	uired Signature(s) on behalf of Other Busines	s Entity: [See below for required signature(s)]
Sign	naturo; and Hmin canh	
Prin	ted Name: ANTONIO DOMINGUEZ	Title: PRESIDENT
Sign	ature:	
Prin	ted Name:	Title:
	ature:	
Print	ed Name:	Title:
	alure:	
Print	ed Name:	Title:
Signa	iture:	
	ed Name:	
	ture:	
	ed Name:	
If Flo	rida General Partnership or Limited Liability ture of one General Partner.	
<u>If Flo</u> Signa	rida Limited Partnership or Limited Liability tures of ALL General Partners.	•
If Flo Signat	rida Limited Liability Company: ure of a Member or Authorized Representative.	
All oth Signat	ners: ure 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)

			
ARTICLE The princip	E II PRINCIPAL OFFICE pal place of business/mailing address is:		
r no brmert	place of outsiness/mailing andress is:		
1311 SE 4T	Principal street address TH AVENUE		Mailing address, if different is:
POMPANO	D BEACH, FL 33060		
A D'TYOL E			
The purpos	EIII PURPOSE se for which the corporation is organized is:		
	O ALL LAWFUL BUSINESS		
			ū
			- 2
		 	
			
			=
_			
The number		ECTORS Name and Titl	e: DAVID DOCKSWELL, VICE PRESIDEN
The number	of shares of stock is: V INITIAL OFFICERS AND/OR DIR	_	DAVID DOCKSWELL WCE PROGRESS
The number ARTICLE Name and T	of shares of stock is: V INITIAL OFFICERS AND/OR DIR itle: ANTONIO DOMINGUEZ, PRESIDENT	Name and Titl	e: DAVID DOCKSWELL, VICE PRESIDEN
The number ARTICLE Name and T Address:	of shares of stock is: V INITIAL OFFICERS AND/OR DIR itle: ANTONIO DOMINGUEZ, PRESIDENT 1311 SE 4TH AVENUE	Name and Titl	e: DAVID DOCKSWELL, VICE PRESIDEN 10823 TEA OLIVE LANE BOCA RATON, FL 33498
The number ARTICLE Name and T Address:	of shares of stock is: V INITIAL OFFICERS AND/OR DIR itle: ANTONIO DOMINGUEZ, PRESIDENT 1311 SE 4TH AVENUE POMPANO BEACH, FL 33060 itle:	Name and Titl	e:DAVID DOCKSWELL, VICE PRESIDEN 10823 TEA OLIVE LANE BOCA RATON, FL 33498
The number ARTICLE Name and T Address: Name and T	of shares of stock is: V INITIAL OFFICERS AND/OR DIR itle: ANTONIO DOMINGUEZ, PRESIDENT 1311 SE 4TH AVENUE POMPANO BEACH, FL 33060 itle:	Name and Title Address: Name and Title Address:	e: DAVID DOCKSWELL, VICE PRESIDEN

MILL		
The name	e and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
Name:	ANTONIO DOMINGUEZ	
Address:	1311 SE 4TH AVENUE	
	POMPANO BEACH, FL 33060	
ARTICL		
inc name	and address of the Incorporator is:	
Name:	ANTONIO DOMINGUEZ	_
Address:	1311 SE 4TH AVENUE	_
	POMPANO BEACH, FL 33060	
•	,	
******	***********	****
Having be this certific	en named as registered agent to accept cute, I am familiar with and accept the c	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
	I. Leminour	Ma. 20. 2019
	Required Signature/Registered Agenta	
l submit th locument i	is document and affirm that the facts s to the Department of State constitutes a	tated herein are true. I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.
	Required Signature Incorporator	May 20, 2019
	(and the angles are an amount of the time	## abate, A