# P19000052428

(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:





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### SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 7/2/2019		#WALK IN
ENTITY NAME CMC CC	NSULTING INC/CMC CONSULTING SERVICES INC.	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXX	Certified Copy	
XXXX	Certificate of Status	
	Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	DN	
NUMBER OF CERTIFICATE	ES REQUESTED	
TOTAL OWED \$122.50	CHECK #6309	_
Please call Tina at the	above number for any issues or concerns. Thank you so	mach!

#### **COVER LETTER**

. . .

TO:	Charter Section Division of Cor					
SURI	ECT: CMC CON	SULTING SERVICES IN	C.			
0000		Name of	Resulting Florida	Profit	Corporation	
The ex Entity	nclosed Certificat " into a "Florida l	e of Conversion, Articles Profit Corporation" in ac	s of Incorporation cordance with s.	and fe	ees are submitted to convert an	"Other Business
Please	e return all corresp	oondence concerning this	s matter to:			
CHAI	NEL SORENSON					
		Contact Person		-		
				_		
		Firm/Company				
3240	SHELL MOUND B	BLVD.				
		Address		•		
FOR	MYERS BEACH, I	FL 33931				
		City, State and Zip Code	e	-		
CHA	NEL.CMCCONSUI	LTING@GMAIL.COM				
	E-mail address: (t	o be used for future anni	ual report notifica	tion)		
For fu	irther information	concerning this matter,	please call:			
	NÉL SORENSON	-	_at (	449-8	760	
	Name of Co	ontact Person	Area C	ode and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
<b>□</b> \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing and Certified Co		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	EET ADDRESS: Filings Section ion of Corporation in Building Executive Center massee, FL 32301			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, 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 CMC CONSULTING INC.	1 15.
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a CORPORATION	
(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)	
08/17/2015 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 whi organized, formed or incorporated:	ich it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : CMC CONSULTING SERVICES 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 Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date valisted as the document's effective date on the Department of State's records.	

Page 1 of 2

19 JUL -2 AMII: 29

Signed thisday of	. 20
Required Signature for Florida Profit Corporation:	
Signature of Chairman/Vice Chairman, Director, Office Incorporator:  Printed Name: CHANEL SORENSON Title: PRESID	er, or, if Directors or Officers have not been selected, at
Required Signature(s) on behalf of Other Business E	
Signature:	
Printed Name: CHANEL SORENSON Signature:	Tille: President
Signature: ////////////////////////////////////	
Printed Name: MATTHEW SORENSON	
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 <u>ALL</u> General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	수입 ( ) : : : 나 : : : : : : : : : : : : : : : :
Fees: Certificate of Conversion:	\$35.00

Page 2 of 2

\$8.75 (Optional) \$8.75 (Optional)

\$70.00

Fees for Florida Articles of Incorporation:

Certified Copy: Certificate of Status: 9 JUL -2 AHII: 24

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

ARTICLE I NAME  CMC CONSULTING The name of the corporation shall be:	SERVICES INC.		
The name of the corporation shall be.			-
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
Principal street address 3240 SHELL MOUND BLVD		Mailing address, if different is:	
FORT MYERS BEACH, FL 33931			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
BUSINESS, MARKETING & CONSTRUCTION CONSUL	TING		
ARTICLE IV SHARES The number of shares of stock is:			
THE HUMBER OF SHARES OF SLOCK IS.			_
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title: CHANEL SORENSON - PRESIDENT	Name and Title	MATTHEW SORENSON - V.P.	
Address: 3240 SHELL MOUND BLVD	Address:	3240 SHELL MOUND BLVD	
FORT MYERS BEACH. FL 33931	-	FORT MYERS BEACH. FL 33931	
Name and Title:	Name and Title	e:	<del>.</del>
Address:	Address:	224	19
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	_	93	1
Name and Title:	Name and Title	e: <u></u>	
Address:	Address:		THI D
	_		. <del>.</del>

The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	OT acceptable) of the major of
	CHANEL SURENSON	or the registered agent is:
Name:	3240 SHELL MOUND BLVD	
Address:		
	FORT MYERS BEACH, FL 33931	_
ARTICL	E VII INCORPORATOR	
	and address of the Incorporator is:	
Name:	CHANEL SORENSON	
Address:	3240 SHELL MOUND BLVD	
	FORT MYERS BEACH, FL 33931	
II min a b	**********	**************
this certifi	een named us registered agent to accept se icate, I am familiar with and accept the an	ervice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
Â,	L ive	promonent us registered agent and agree to act in this capacity
(	Mark Draw-	111/200
	Required Signature/Registered Agent	Date
I submit t	his document and affirm that the facts sto	ated herein are true. I am aware that any false information submitted in a
document	to the Department of State constitutes a ti	hird degree felony as provided for in s.817.155, F.S.
	1 1	71/20/9
, ,	Required Signature/Incorporator	Date

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