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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special instructions to timing officer. | | | | |
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| Office Use Only | | | | |

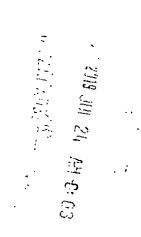
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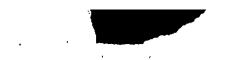


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07/24/19--01001--030 **75.00

04/22/19--01029--004 **30.00







July 2, 2019

VINCENT J. URBANK 8511 ALTON AVENUE JACKSONVILLE, FL 32211

SUBJECT: TITAN METALWORKS LLC

Ref. Number: W19000042453

We have received your document for TITAN METALWORKS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete correct form and balance due \$75.,

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 619A00008690

COVER LETTER

| TO: Charter Section Division of Co | | • | |
|---|---|--|--|
| SUBJECT: | itan Metal, Name of | Sorks TUC Resulting Florida Profit | Corporation |
| | | s of Incorporation, and f | ees are submitted to convert an "Other Business |
| Please return all corres | pondence concerning thi | s matter to: | |
| _ Vincent | Contact Person | NK | |
| Tihan. | Metalworks Firm/Company | | |
| 8511 Alto | Ase Address | | |
| TAckson | City, State and Zip Code | <u> 32211</u> | |
| E-mail address: (| to be used for future annu | 21/2 ual report notification) | |
| For further information | n concerning this matter, | please call: | |
| Vivce Urb Name of C | ontact Person | at (732) (0/ Area Code and | 9 3044 I Daytime Telephone Number |
| Enclosed is a check for | the following amount: | | |
| \$105.00 Filing Fees | ☐\$113.75 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 Corporatio Clifton Building 2661 Executive Center | ns | New F Divisio P. O. E | ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314 |

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

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.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: |
|--|
| Titan Metalworks LLC 116000010754 Enter Name of Other Business Entity |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a Linke Liability Company, limited partnership, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of Florida |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| on 1/14/16 |
| on 1/14/16 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: |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : |
| Titon Metalworks INC |
| Enter Name of Florida Profit Corporation |
| 5. If not effective on the date of filing, enter the effective date: 4-17-19 (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 listed as the document's effective date on the Department of State's records. |

Page 1 of 2

| Signed this 17th day of July 20_19 | | | | | |
|--|--|--|--|--|--|
| Required Signature for Florida Profit Corporation: | | | | | |
| Signature of Chairman, Vice Chairman. Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: <u>Uiwcert Surbank</u> Title: <u>Owner 100% Shawholder</u> | | | | | |
| Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] | | | | | |
| Signature: | | | | | |
| Printed Name: Vincent J Urbank Title: Owner 100% Shapeholder | | | | | |
| 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 Partnership: Signature of one General Partner. | | | | | |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | | | | | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | | | | | |
| All others: Signature of an authorized person. | | | | | |
| Fees: Certificate of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00 Certified Copy: \$8.75 (Optional) Certificate of Status: \$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: | Metalworks INC |
|---|---------------------------------------|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | |
| Principal street address 8511 Alton Ave | Mailing address, if different is: |
| Jacksonille FL 32211 | |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| to The furpose o' weld | ing, metal fabrication and any |
| and all lawtul Dusiness | |
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| | · · · · · · · · · · · · · · · · · · · |
| ARTICLE IV SHARES The number of shares of stock is: 100 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIS | ECTORS E |
| Name and Title: Vivcent J. Urback presi | |
| Address: 8830 Caca All | Address: |
| Jacksonille CL 32271 | |
| Name and Title: | |
| Address: | • |
| | |
| Name and Title: | |
| Address: | Address: |
| | |

| ARTICL | E VI REGISTERED AGENT | |
|-----------------|---|--|
| The name | e and Florida street address (P.O. Box NOT acco | eptable) of the registered agent is: |
| Name: | Unicert J. Clasak | |
| Address: | 8511 Altou Are | |
| | JACKSONVIlle FL 32211 | |
| <u>ARTICL</u> | | |
| The <u>name</u> | e and address of the Incorporator is: | |
| Name: | Vincent J. Cenbank | |
| Address: | 3511 Altor Ave Jacksonille FC 32211 | |
| | Jacksonille FC 32211 | |
| | | |
| ****** | ************** | ************* |
| | | f process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity |
| 1 | | 7/17/19 |
| _/ | Required Signature/Registered Agent | Date |
| | | |
| | <u>this d</u> ocument and affirm that the facts stated he to the Pepartment of State constitutes a third de _t | rein are true. I am aware that any false information submitted in a |
| uocumeții | to the pepartment of State Constitutes a third ae | gree Jeiony as provided for in \$.617.133, P.S. |
| L. | * | 1/17/14 |
| ') | Required Signature/Incorporator | Date |