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(Requestor's Name)			
(Address)			
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(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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WALK IN

	PICK	UP:08/07/2019		
	CERTIFIED COPY			
ХХ	РНОТОСОРУ			
	CUS			
хх	FILING	CONVERSION		
_•	JET & IVY LLC (CORPORATE NAME AND DOCUMENT #)			
(
((CORPORATE NAME AND DOCUMENT #)			
(CORPORATE NAME AND DOCUME	ENT#)		
((CORPORATE NAME AND DOCUMENT #)			
((CORPORATE NAME AND DOCUMENT #)			
((CORPORATE NAME AND DOCUMENT #)			
	IN COMPANY COMPANY			
ECIAL	INSTRUCTIONS:			

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 Jet & Ivy LLC	n is:
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 of	
(Enter state, or if a non-U.S. entity, the name of the country)	
on April 9, 2019	
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 whorganized, 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> : Jet &Ivy 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 validated as the document's effective date on the Department of State's records.	

Page 1 of 2

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SECRETARY OF STATE

Signed thisday of	, 20 ¹⁹				
Required Signature for Florida Profit Corporation	<u>ı:</u>				
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Laura Moyer Printed Name: Laura Moyer Title: Incorp	icer, or, if Directors or Officers have not been selected, an				
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]				
Signature: Teri-an aspecie	·/				
Printed Name: WIGFIELD, TERI-ANN	Title:				
Printed Name: WIGFIELD, TERI-ANN Signature: David Perg	· · · · · · · · · · · · · · · · · · ·				
Printed Name: PEREZ, DAVID	Title:				
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 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: 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:	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
The principal place of business/maining address is:	
Principal street address 227 CROSS BRANCH DR	Mailing address, if different is:
PONTE VEDRA, FL 32081	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized	l is:
Any and all Lawful Business	
DRTICLE IV SHARES 10,000,000	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR	R DIRECTORS
he number of shares of stock is:	T · David Perez
he number of shares of stock is:	Name and Title: T: David Perez
he number of shares of stock is:	Name and Title: T : David Perez 227 CROSS BRANCH DR
The number of shares of stock is: 10,000,000 INITIAL OFFICERS AND/OR Name and Title: PSD: Teri-Ann Wigfield 227 CROSS BRANCH DR	Name and Title: T : David Perez 227 CROSS BRANCH DR Address:
The number of shares of stock is: 10,000,000 ARTICLE V INITIAL OFFICERS AND/OR Name and Title: PSD: Teri-Ann Wigfield 227 CROSS BRANCH DR	Name and Title: T : David Perez 227 CROSS BRANCH DR
The number of shares of stock is: Interpretation	Name and Title: T : David Perez 227 CROSS BRANCH DR PONTE VEDRA, FL 32081
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR	Name and Title: T : David Perez 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title:
The number of shares of stock is: 10,000,000 ARTICLE V INITIAL OFFICERS AND/OR Name and Title: PSD: Teri-Ann Wigfield 227 CROSS BRANCH DR PONTE VEDRA, FL 32081	Name and Title: T : David Perez 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title:
The number of shares of stock is: 10,000,000 ARTICLE V INITIAL OFFICERS AND/OR Name and Title: PSD: Teri-Ann Wigfield 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title: Address:	Name and Title: T : David Perez 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR	Name and Title: T: David Perez 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title: Address:
The number of shares of stock is: 10,000,000 ARTICLE V INITIAL OFFICERS AND/OR Name and Title: PSD: Teri-Ann Wigfield 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title: Address:	Name and Title: T: David Perez 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title: Address:
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR	Name and Title: T: David Perez 227 CROSS BRANCH DR PONTE VEDRA, FL 32081 Name and Title: Address: Name and Title:

ARTICI	E VI REGISTERED AGENT	
	e and Florida street address (P.O. Box NO	acceptable) of the registered agent is:
Name:	Teri-Ann Wigfield	
Address:	227 CROSS BRANCH DR	
	PONTE VEDRA, FL 32081	
ARTICL	E VII INCORPORATOR	
The name	and address of the Incorporator is:	
Name:	Laura Moyer	
Address:	1180 Welsh Rd. Suite 280	
	North Wales, PA. 19454	
******	************	****
Having be this certifi	ren named as registered agent to accept servicate, I am familiar with and accept the appo	ce of process for the above stated corporation at the place designated in nument as registered agent and agree to act in this capacity
	Teri-an Wiffreic	8/8/19
		Date
I submit ti document	his document and affirm that the facts state to the Department of State constitutes a thir	herein are true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.
	(aura///orgen	8/8/19
	Required Signature/Incorporator	Date