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Certified Co	pies	Certificate	s of Status
Special Ins	structions to	Filing Officer:	
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Office Use Only



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POIS AND 13 AM 8: 36 SECRETARY OF STATE

COVER LETTER

TO:	Charter Section Division of Cor					
CUBI	CINDY RID	DLE, PA				
Shra	ECT:	Name of	Resulting Florida	Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Busines 15, F.S.	s
Please	return all corresp	condence concerning this	s matter to:			
CHRI	STINE GRUBER					
		Contact Person				
ROBE	ERT BOWERS AC	CCOUNTING, INC				
		Firm/Company				
P.O.B	OX 159					
		Address	•			
LEHIC	GH ACRES, FL 33	3970				
•	••	City, State and Zip Code	e			
CHRI	STINE@BOWER	SACCOUNTING.COM				
	E-mail address: (t	o be used for future annu	ual report notifical	ion)		
For fu	rther information	concerning this matter,	please call:			
CHRI	STINE GRUBER		239 at (368-1	505	
	Name of Co	ontact Person	_ \	de and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
写 \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Co		☐S122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	CET ADDRESS: Filings Section on of Corporation in Building Executive Center hassee, FL 32301	Circle		New F Divisio P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

ROBERT BOWERS ACCOUNTING INC 45 ALABAMA RD STE 3, PO BOX 159 LEHIGH ACRES, FL 33970

Tel: (239) 368-1505 Fax: (239) 368-1756 e-mail: payroll@bowersaccounting.com⁰¹⁹ 113 АН II: 03

Fax Transmission Cover Sheet

Number Faxed To: (850) 245-6804	Date:	08/13/2019		
To: <u>JESSICA FASON</u>	From:	CHRISTINE		
Company: <u>DIV OF CORPORATION</u>	Tel:			
Regarding: <u>ENTITY CONVERSION</u>				
Urgent Response Required	<u>X</u> Fo	r Your Review	<u>X</u>	_Please Comment
Number of Pages Faxed - including cover shee	t: _	3		
Comments:				
Dear Jessica				
My Client Has been trying to convert her Cindy Rid	ldle LLC t	o a Corporation a	s Cir	ndv Riddle P A
We send in all the required paperwork but it came	back bee	ause she forgot t	o sigr	n Prige 2 of 2
Pending document number W19000054529				
Please see atrached.				
Hopefully this takes care of it				
Thank you very much				
Christine Gruber				

Confidentiality Notice

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged at discrimination. If the reader of this message is not the intended recipient, you are hereby not lied that any discipsure, distribution, or copying of this information is a tribute prohibited. If you have received this transmission in error, please notify us immediately by telephone or fax.

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 Conversional RIDDLE, LLC	sion is:			
Enter Name of Other Business Entity				
2. The "Other Business Entity" is a				
(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 (Fator state, or if a non LLS, entity, the name of the country)				
(Enter state, or if a non-U.S. entity, the name of the country)				
MARCH 04, 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 organized, formed or incorporated: FLORIDA	which i	it is n	юw	
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> CINDY RIDDLE, PA				
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 Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dalisted as the document's effective date on the Department of State's records.				
Page 1 of 2	35587 2013 AV	2010 V I	en en	

2019 AUG 13 AH 8: 36
SEGRI WAY OF STATE

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Signed this 5day	if	
Required Signature for F.		
Signature of Chairman, Vic.: Incorporator. Printed Name: Chairman, Vic.:	Title: PRESIDE	nor, if Directors or O.fficers have not been selected, an
		ntity: (See below for required signature(s).)
Signature: [Md]	Khidle-	
Printed Name: CINDY RIDE:	· 	Title: MGRM
		, 1°.
Printed Name:		Tiste:
Signatule:		
Printed Name:		_ Title:
Signature:		······································
Printed Name:		Title:
Signature:		
Printed Name;		Title:
Signature:		
Printed Nan e;		Title:
If Florida General Partne; Signature of one General Pa		erinership:
If Florida Limited Partne Signatures of ALL Genera.	hip or Li nited Liability L	inited Partnership:
If Florida Limited Liabili Signature of a Member or I		
All others: Signature of an authorized	rson.	
For: Certificate of Converses for Florida Artified Copy: Certificate of Status	sion; les of incorporation:	335.00 370.00 \$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

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:	
Principal street address	Mailing address, if different is:
4421 TAMARIND WAY	
NAPLES, FL 34119	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is	;
REAL ESTATE PROFESSIONAL	
ARTICLE IV SHARES 100	
The annual are of about of stock in	
ne named of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS
CINDY RIDDLE, PRESIDENT	N NO.1.
Name and Title:	Name and Title:
4421 TAMARIND WAY	Address:
	, (dd1633.
NAPLES, FL 34119	
Same and Title:	Name and Title:
Same and Title:	Name and Title:
Same and Title:	Name and Title: Address:
Name and Title:Address:	Name and Title: Address:
Name and Title: Address: Name and Title:	Name and Title: Address: Name and Title:
Name and Title:	Name and Title: Address: Name and Title:
Vame and Title:	Name and Title: Address: Name and Title:

ARTICL	E VI REGISTERED AGENT	stable) of the registered agent is:
the <u>name</u>	and Florida street address (P.O. Box NOT acce	national of the registered agont to
Name:	CINDY RIDDLE	
Address:	4421 TAMARIND WAY	
	NAPLES, FL 34119	
ARTICL		
The name	and address of the Incorporator is:	
Name:	CINDY RIDDLE	
Address:	4421 TAMARIND WAY	
	NAPLES, FL 34119	
		<u></u>
Having bo	ven named as registered agent to accept service of cate, I am familiar with and accept the appointm	process for the above stated corporation at the place designated in at the registered agent and agree to act in this capacity
$\begin{pmatrix} 1 \\ 1 \end{pmatrix}$	Mar Ridalo	05/15/2019
<u> </u>	Required Signature/Registered Agent	Date
I submit t document	his document and affirm that the facts stated her to the Department of State constitutes a third deg	ein are true. I am aware that any false information submitted in a ree felony as provided for in s.817.155, F.S.
$\begin{pmatrix} 1 \\ 1 \end{pmatrix}$	Mder Riddle	05/15/2019
	Required signature/Incorporator	Date