## P19000069755

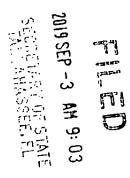
(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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## **COVER LETTER**

TO:	Charter Section Division of Corporations				2
CHDI	ECT: DYNASTY CAPITAL INC				,
SUBJ	ECT.	Name of Res	ulting Florida	Profit	Corporation
	nclosed Certificate of Conversi " into a "Florida Profit Corpora				ees are submitted to convert an "Other Business 15, F.S.
Pleaso	e return all correspondence con	cerning this ma	itter to:		
Mauri	ce Gray				
	Contact	Person			
Dynas	sty Capital Inc.				
	Firm/Co	mpany			
111 N	orth Orange Avenue Suite 800				
	Addr	ress			
Orland	do. FL 32801				
	City. State ar	nd Zip Code			
moetiv	vationn@gmail.com				
	E-mail address: (to be used for	future annual r	eport notifica	ion)	
For fu	orther information concerning the	nis matter, plea	se call:		
Mauri	ce Gray	at (	407	777-67	724
- <del></del>	Name of Contact Person		Area Co	de and	Daytime Telephone Number
Enclo	sed is a check for the following	amount:			
<b>3</b> \$10	05.00 Filing Fees S113.75 F and Certifica Status		\$113.75 Filing d Certified Co		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi	EET ADDRESS: Filings Section on of Corporations n Building			New F Divisio	ING ADDRESS: ilings Section on of Corporations Box 6327
	n Building Executive Center Circle				ssee, 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 Co	nversior	ı is:	
DYNASTY CAPITAL LLC			
Enter Name of Other Business Entity	<b>_</b> `		
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 Florida  (Enter state, or if a non-U.S. entity, the name of the country)			
08/22/2018 on .			
Enter date "Other Business Entity" was first organized, formed or incorporate	d		
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:         <ul> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u></li> <li>DYNASTY CAPITAL INC.</li> </ul> </li> </ol>			
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 Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	•		
Page 1 of 2		2019 SEP -:	10 mm. mas = 0 mm. ms

Signed this 29th day of August	20 <u>19</u>
Required Signature for Florida Profit Corporation	<u>n:</u>
Signature of Chairman, Vice Chairman, Director, Offincorporator:  Printed Name: Maurice Gray  Title: Chairman	nan
Required Signature(s) on behalf of Other Business	
Signature: Jacquelherane	
Printed Name:	Title: Manager/MGR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
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)

	<del></del>
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
Suite 800	
Orlando,FL 32801	<del></del>
911ando, FC 32801	
ARTICLE III PURPOSE	
The purpose for which the corporation is organize	ed is:
Any and all lawful Business	
<b>ARTICLE IV SHARES</b> The number of shares of stock is:	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/O	
ARTICLE V INITIAL OFFICERS AND/O	
Name and Title:  Maurice Gray, Chairman  11640 Baltic Street	Name and Title: Jacqueline Ferrer, Vice Chairman 1220 Alapaha Lane
Name and Title:  Maurice Gray, Chairman  11640 Baltic Street  Orlando, FL 32817	Name and Title:  Jacqueline Ferrer, Vice Chairman  1220 Alapaha Lane  Orlando, FL 32828
Name and Title:  Maurice Gray, Chairman  11640 Baltic Street  Orlando, FL 32817	Name and Title:    Jacqueline Ferrer, Vice Chairman
Name and Title:  Maurice Gray, Chairman  11640 Baltic Street  Orlando, FL 32817	Name and Title:    Jacqueline Ferrer, Vice Chairman
ARTICLE V INITIAL OFFICERS AND/O Name and Title:  Maurice Gray, Chairman  11640 Baltic Street  Orlando, FL 32817  Name and Title:	Name and Title:    Jacqueline Ferrer, Vice Chairman
Name and Title:  Maurice Gray, Chairman  11640 Baltic Street  Orlando, FL 32817  Name and Title:	Name and Title:    Address:
ARTICLE V INITIAL OFFICERS AND/O Name and Title:  Maurice Gray, Chairman  11640 Baltic Street  Orlando, FL 32817  Name and Title:  Address:	Name and Title:    Address:
Name and Title:    Maurice Gray, Chairman	Name and Title:    Address:

Name:	Maurice Gray		
Address:	11640 Baltic Street		
	Orlando. FL 32817		
ARTICL	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	Maurice Gray		
Address:	11640 Baltic Street		
	Orlando, FL 32817		
	**************************************	**************************************	d in
		s registered agent and agree to act in this capacity	d in
			d in
this certif	Required Signature/Registered Agent	s registered agent and agree to act in this capacity  S/29/19  Date  Date true. I am aware that any false information submitted to	
this certif	Required Signature/Registered Agent  his document and affirm that the facts stated herein	s registered agent and agree to act in this capacity  S/29/19  Date  Date true. I am aware that any false information submitted to	