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| (Requestor's | Name) |
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| (Address) | |
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| PICK-UP V | VAIT MAIL |
| (Business E | ntity Name) |
| (Document N | Number) |
| Certified Copies Ce | rtificates of Status |
| Special Instructions to Filing Off | icer: |
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COVER LETTER

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TO:

Charter Section

Division of Corporations

| SUBJECT: | GOLDEN | ASPIRATI | ONS | INC. | | | |
|--|--|-----------------------------------|--------------------|------------------------------|-------|---|---|
| | | Name of R | esulting | Florida Prof | it C | orporation | |
| The enclosed Cert Entity" into a "Flo | | | | | | | vert an "Other Business |
| Please return all co | orrespondence | e concerning this | matter te | N I | | | |
| | Jacob | Lannert | | | | | |
| | Coi | ntact Person | | | | 2 | |
| | | ASPIRATIO | ONS | Inc. | | | TALLA TALLA |
| | Fin | n'Company | | | | | ラート |
| 148 | 26 Zº11/ | deridge Dr. Address | | | | | FILE THE SECRETARIES STATES THE TALLAHLESSEE TO AM 10: 54 |
| | | | | | | | ن ج |
| Orlan | do , FL City, St | 32835 ate and Zip Code | | | | | *************************************** |
| Jacob E-mail addre | . Lammer | d for future annua | • al report | notification) | | | |
| for further inform | | | | | | | |
| | Lanner | | | | ㅋ ㅋ : | 8 - 6217 | |
| · · | of Contact Pe | erson | | Area Code a | and I | 3 - 6217 Daytime Telephone Ni | umber |
| och sed is a chec | k for the follo | owing amount: | | | | | |
| 7 \$105,00 Filling | Lees 3\$113 and Ce Status | 1.75 Filing Fees entificate of | □\$113. and Cer | 75 Filing Fee tified Copy | , | V \$122.50 Filing Fees Certified Copy, and Certificate of Status | |
| STREET ADDR | | | | | | NG ADDRESS: | |
| New Fillings Section 19 August 19 Au | | | | | | ings Section of Corporations | |
| Clitton Bailding | a Graveri V | | | P. O | . Во | s 6327 | |
| 2661 Executive Collaboration Fl. 3 | | | | Talk | ahas | see, FL 32314 | |

L1800114982

Certificate of Conversion For "Other Business Entity" Into Fiorida 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.

| Susmess rantify and a ranka rank componential in accordance with s. 6007,1110. Frontal | marines. |
|--|--|
| The name of the "Other Business Entity" immediately prior to the filing of this Certificate of | of Conversion is. |
| Golden Aspirations LLC Enter Name of Other Business Entity | |
| Enter Name of Other Business Entity | |
| The Other Business Entity" is a Linited Linkity company (Enter entity type, Example, finited liability company, limited partner | rship. |
| general partnership, common law or business trust, etc.) | |
| st organized. formed or incorporated under the laws of Florida (Enter state, or if a non-t, S, entity, the name of the country) | |
| 0= 10= 10=10 | |
| hater date "Other Business Entity" was first organized, formed or incorp | = -: porated |
| . If the jurisdiction of the "Other Business Entity" was changed, the state or country under thorganized, formed or incorporated: | e laws of which it is now |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> | · oration: |
| LOLDEN ASPIRATIONS INC. | |
| Enter Name of Florida Profit Corporation | ······································ |
| | |
| and the second of the second o | |
| It 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 docume | ent is filed by the Florid: |
| Department of State.) | |
| Note: If the date inserted in this block does not meet the applicable statistory filing requirements teld as the document's effective date on the Department of State's records. | nts, this date will not be |
| | TAL |
| Page 1 of 2 | FILE L |
| | -6 |
| | A 177 |
| | 10 |

| Signed thisday of | | _• |
|---|---|------------------|
| Required Signature for Florida Profit Corpor | ration: | |
| Signature of Chairman, Vice Chairman, Director Incorporator: Printed Name: Jacob Lamert Title: | | |
| Required Signature(s) on behalf of Other Bus | siness Entity: [See below for required si | gnature(s).] |
| _1 o c | | |
| Printed Name: Jacob Lannert | | |
| Signature. Josh Sammed | | |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Fitle: | |
| Signature: | | |
| Printed Name: | l'itle: | |
| Signature | | |
| routed Name. | Title: | |
| Signature: | | |
| Printed Name: | Title: | |
| If Florida General Partnership or Limited Li Signature of one General Partner. | ability Partnership; | |
| If Florida Limited Partnership or Limited Li Signatures of ALL General Partners. | ability Limited Partnership: | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Represent | lative. | |
| All others: Standard of an authorized person. | | 19 SEP SECKET |

\$8.75 (Optional)

\$8.75 (Optional)

\$35.00

\$70.00

Fees:

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation:

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

| ARTICLE I NAME The name of the corporation shall be: | LOLDEN | ASPIRA | TIONS | INC | |
|--|---|-----------------|--------------|-----------------------|-------------|
| ARTICLE II PRINCIPAL OFFICE The principal place of business mailing addi | <u> </u> | | | | |
| Principal street address 1486 Saddleridge Dr. | | | Mailing addr | ess, if different is: | |
| Orlando, FL, 32835 | | | · · · · · · | | |
| ARTICLE III PURPOSE The purpose for which the corporation is a Any and all lawful B | ======================================= | | | | |
| | | | | , 70 20 110 | 9 |
| | | | | を選 | EP-6 AXIO: |
| | | | | 50. 10. | 0: 5 |
| ARTICLE IV SHARES The number of shares of stock is: | | | | | |
| ARTICLE V INITIAL OFFICERS | | - | | | |
| Same and Title: Jacob Lanmort, ch | atrman | | | Lannert, Vic | |
| . Hiross 1486 Saddlerdge Dr. | | Address: | 1486 5 | o, FL, 32.83 | |
| Orlando, FL 32835 | | _ | <u> </u> | o, FL, 32.83 | . 5_ |
| Name and Title: | | Name and Title. | | | |
| Address | | | | | |
| Name and Title: | | | | | |
| Aldres : | | | | | _ |

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Jarob Lammert Name: 1486 Saidleridge Dr. Address: Orlando, FL 32835 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Jacob Lammert Name: Villess 1486 Sadderidge Dr. Orlando, FL 32835 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity 09/03/19 Date Required Signature Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Required Signature Incorporator