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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

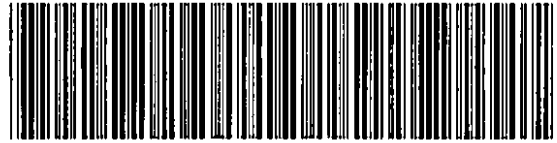
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 SEP 10 PM 12: 26
CLERK OF STATE
TALLAHASSEE, FL

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SEP 23 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LAKELAND COLLISION INC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ZOIKA PAIN
Contact Person

LAKELAND COLLISION CENTER LLC
Firm/Company

2740 INDUSTRIAL PARK DR
Address

LAKELAND, FLORIDA 33801
City, State and Zip Code

LAKELANDCOLLISIONINC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZOIKA PAIN at (305) 519-5967
Name of Contact Person Area Code and 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Lakeland Collision Inc

2740 Industrial Park Dr #1

Lakeland, FL 33801

Email: lakelandcollisioninc@gmail.com

September 6th, 2019

Florida Division of Corporations

Attn: New Filing Section

Clifton Building

2661 Executive Center Cir.

Tallahassee, FL 32301


Dear Florida Division of Corporations:

This letter is to confirm that the corporation "LAKELAND COLLISION CENTER, LLC" can change its legal name for "LAKELAND COLLISION, INC" since you approve our petition to adopt a new name as "SUPREME AUTO SALES, INC" as the scope of the activities will be different. Please consider our petition to avoid customer will be confused.


This petition was approved and signed by the Board of Director of LAKELAND COLLISION, INC.

If you need additional information about this matter, do not hesitate to contact us at (305) 519-5967.

Cordially,



Zoika Pain (President)



Carlos Cardenas (Vi-president)

7:50


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SECRETARY OF STATE
TALLAHASSEE, FL

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 is:

_____  Enter Name of Other Business Entity

2. The "Other Business Entity" is a LAKELAND COLLISION CENTER LLC
(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)

on NOVEMBER 5th, 2013
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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

LAKELAND COLLISION INC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: AUGUST 29th, 2019

(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.

Signed this 29th day of August, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Zoika Pain Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Zoika Pain Title: Registered Agent

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)

ARTICLE I NAME

The name of the corporation shall be: LAKELAND COLLISION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
2740 INDUSTRIAL PARK DRIVE
LAKELAND, FLORIDA 33801

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN ANY LAWFULL ACT OR ACTIVITY FOR WICH A
CORPORATION MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FL.

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ARTICLE IV SHARES

The number of shares of stock is: ONE THOUSAND (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZOIKA PAIN - PRESIDENT
Address: 3145 SADDLE CREEK RD
LAKELAND, FLORIDA 33801

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

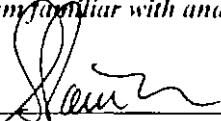
Name: ZOIKA PAIN
Address: 3145 SADDLE CREEK RD
LAKELAND, FL 33801

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ZOIKA PAIN
Address: 3145 SADDLE CREEK RD
LAKELAND, FL 33801

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


Required Signature/Registered Agent

08/29/2019
Date

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

08/29/2019
Date

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED