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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: The Tay Whisper INC
Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Busines Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Contact Person
Firm/Company
4824 Juliana Roserve Nr Address
Auburndale, Fl 33823 City, State and Zip Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Coulondy Vanue at (863) (660-540) Namelof Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$105.00 Filing Fees and Certificate of Status \$\int \frac{1}{2}\$113.75 Filing Fees and Certified Copy Status \$\int \frac{1}{2}\$113.75 Filing Fees and Certified Copy Certificate of Status
STREET ADDRESS: MAILING ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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:
The Tax Whisper LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a 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 Flovida (Enter state, or if a non-U.S. entity, the name of the country)
on 3-22-16
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:
organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
organized, formed or incorporated:

Page 1 of 2

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Signed this 17 day of OCF	20 79
Required Signature for Florida Profit Corporation;	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: XVVIII ON LOCAL Printed Name: College Vanuce Title: Pres	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Rusiness F	intity: [See below for required signature(s).]
Signature Stanuel	
Printed Name: GWENDY VANUCCI	Title: President
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 Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability : Signatures of <u>ALL</u> General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$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: The Jay (Whisper Iva
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	·
4824 Juliana Peserve De	Mailing address, if different is:
Auburndale, F1 33827	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Tax prepreperation Service	e jor projet
ARTICLE IV SHARES The number of shares of stock is: \(\lambda{00}\)	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS
Name and Title: Coverdy Vonnoci President	Name and Title:
Address: 4824 Julyna Perent Dr	Address:
Auburnble, F1 33823	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
A.Ademin.	4.11
Address:	Address:

Name: GWENGY MANUCU Address: 4824 Julian Pererve DV ALDUCAGE FL 33823 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: GWENGY VANUCU Address: 4824 Julian Reserve DV Auburnable, FL 33823 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		e and Florida street address (P.O. Box NOT according to the control of the contro	eptable) of the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: GWONG VANUCCI Address: ABZY JUIENA Reserve D Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 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	Name:	Gwendy Vanucci	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: GWING VANUCCI Address: ABZY JUIEND Reserve D Aubus nobel, FI 33823 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 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	Address:	4824 Vullana Peser	ve or
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity U 7/19 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Name:	owerdy Vanucci	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O(17/19 Date I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in	Address:	4824 Juliana Reserve	200
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	document i	o the Department of State constitutes a third deg	ein are true. I am aware that any false information submitted in a tree felony as provided for in s.817.155, F.S. \[\left(\frac{1}{2} - \left(\frac{7}{2} - \left(\frac{7}{2

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