P19 000 082 473

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
	-	
	<u> </u>	
Special Instructions to	Filing Officer:	





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19 OCT 17 AM 8: 02 SECRETARY OF STATE TALLAHASSEE, FLORING

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COVER LETTER ź TO: Charter Section **Division of Corporations** WOOTEN BUILT, INC SUBJECT: 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: Firm/Company 5775 Autumn Chase Circle

Address

Sanford, FL 32773

City. State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Clay Wooten at 407 463-3023

Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: \$105.00 Filing Fees \$\omega\$113.75 Filing Fees \$\omega\$113.75 Filing Fees \$\omega\$122.50 Filing Fees, and Certificate of and Certified Copy Certified Copy, and

STREET ADDRESS:

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

Status

MAILING ADDRESS:

Certificate of Status

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 <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 Florida:			Conversion is:
	Enter Name of Other	Business Entity	
The "Other Business Entity" is a (Enter entity type.		Profit Corporation pility company, limited partnersh	
first organized, formed or incorporated une (Enter state	der the laws of, or if a non-U.S. enti	ty, the name of the country)	_
ou Od	28/2006	est organized, formed or incorpor	
Enter date "Other Bu	siness Entity" was fir	st organized, formed or incorpor	 rated
3. If the jurisdiction of the "Other Busines organized, formed or incorporated:	s Entity" was change	d, the state or country under the	laws of which it is now
4. The name of the Florida Profit Corpora	tion as set forth in the	attached Articles of Incorpora	ation:
	nter Name of Florida		,
5. If not effective on the date of filing, end (The effective date: Cannot be prior to Department of State.) Note: If the date inserted in this block doe listed as the document's effective date on	nor more than 90 dates not meet the applications.	ys after the date this documentable statutory filing requirements	
	Page 1 o	of 2	70 <u>-</u>

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LEGRETARY OF STATE
ALL MINSSEF FLORIDA

Signed this 10th day of 0 dober	. 20 19	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Printed Name: Wester Title:	er, or, if Directors or Officers have not be	en selected, an
Required Signature(s) on behalf of Other Business E		
Signature: (lay borten		_
Printed Name: 10/10/19	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 ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		19 OCT I
All others: Signature of an authorized person.		FILED 117 AH 8: 1/AN LESTA JASSEE, FLOR
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)	02 11 L RIDA

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

ARTICLE I NAME	WOOTEN	BUILT, INC	
The name of the corporation shall be:			· · · · · · · · · · · · · · · · · · ·
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address	is:		
5775 Principal street address HUTUMN Chase	Circle.	Mailing address, il	different is:
Sunford, FL 327	73		
ARTICLE III PURPOSE			
The purpose for which the corporation is organ	nized is: nexal Puxpose	,	
		<u> </u>	
			N-73
			1-
,			
			54 4
ARTICLE IV SHARES The number of shares of stock is:	1,000,000		9 6
The number of shares of stock is.		·-····································	Table 1
ARTICLE V INITIAL OFFICERS AND	D/OR DIRECTORS		J. LE
Name and Title: Clay Wcoten	CDP5 Name and	Title:	
Name and Title: Clay Wooten Address: 5775 Autumn	Chase Circle		
Address: Sin land The	Address:		
Sanford, FL	<u> </u>		
Name and Title:	Name and	Title:	w
Address:	Address:		
			,
Name and Title:		Title:	
Address:			
Address:	Audiess.		

ARTICLE V	T REGISTERED AGENT
The name and	d Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	5775 Autumn Chase Circle
Address:	
	Sanford, FL 32773
A DOTOT D. T	TI PIGODDODATION
The parts on	<u>INCORPORATOR</u> d address of the Incorporator is:
Name:	Clay Wooten
	Clay Wooten 5775 Autumn Chase Circle
_	Sanford, FL 32773
******	************
- ^	named as registered agent to accept service of process for the above stated corporation at the place designated in (I) am familiar with and accept the appointment as registered agent and agree to act in this capacity
	en Wooter (0/10/19)
R	equired 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 a
	he Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
6	las Woten 10/19
Re	equired Signature/Incorporator Date