

| (Red                      | questor's Name)   |             |
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| (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      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
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2019 NOV - 1 AM II: 56 SECRETARY OF STATE TALLAHASSEE, FI

## **COVER LETTER**

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TO:

Charter Section

Division of Corporations

| SUBJECT: <u>LOOM, INC.</u>   |
|--|
| 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:  |
| Sharon Franzel   |
| Contact Person   |
| ZCOM, INC.   |
| ZCOM, INC.  Firm/Company   |
| 5440 N. OCEANDR STE. 506   |
| Address  |
| Singer Island, FL 33404<br>City, State and Zip Code  |
| Stransfranze 10 Comeast. net<br>E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Sharon Franzel at (1578) 429-8983  |
| Name of Contact Person Area Code and Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| □\$105.00 Filing Fees and Certificate of Status  □\$113.75 Filing Fees and Certified Copy Status  □\$113.75 Filing Fees Cartified Copy and Certificate of Status   |
| STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, 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:   |
|--|
| 200M, ///.  Enter Name of Other Business Entity  Enter Name of Other Business Entity   |
| Enter Name of Other Business Entity  |
| 2. The "Other Business Entity" is a SCORPORATION  (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 <u>STATE OF C-PORGICE</u> (Enter state, or if a non-U.S. entity, the name of the country)  |
| on <u>OS/D3/DOC</u><br>Enter date "Other Business Entity" was first organized, formed or incorporated  |
| <ol> <li>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:</li> </ol>  |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:  |
| 200M OF FL INC.  |
| 200M OF FL /NC.  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 filed by the Florid: 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.   |
| 8 2019<br>TAC: 1 AC: |

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| Signed this 28 day of October  | . 20 [ 9   |                |            |
|--|--|----------------|------------|
| Required Signature for Florida Profit Corporation:   |  |                |            |
| Signature of Chairman, Vice Chairman, Director, Office Incorporator:    Signature of Chairman, Vice Chairman, Director, Office Incorporator:   Signature   Signatu | er, or, if Directors or Officers have not been a | selected, a    | an         |
| Required Signature(s) on hetfalf of Other Business E   | ntity: [See below for required signature(s).]    |                |            |
| Signature: Man Tarn Til  |  |                |            |
| Signature: Shan Farnz S Printed Name: Shan FRANZEL   | Tile: Messden+                                   |                |            |
| Signature:   |  |                |            |
| Printed Name:  |  |                |            |
| Signature:   |  |                |            |
| Printed Name:  | _ Title:   |                |            |
| Signature:   |  |                |            |
| Printed Name:  | _ Title:   |                |            |
| Signature:   |  |                |            |
| Printed Name:  | Title:   |                |            |
| Signature:   | 11 11 11 11 11 11 11 11 11 11 11 11 11           |                |            |
| Printed Name:  | Title:   |                |            |
| If Florida General Partnership or Limited Liability l<br>Signature of one General Partner.   | Partnership:                                     |                |            |
| If Florida Limited Partnership or Limited Liability I<br>Signatures of <u>ALL</u> General Partners.  | Limited Partnership:                             |                |            |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative.  |  | SECTAL         | 2019       |
| All others:<br>Signature of an authorized person.  |  | KETAR<br>LLAHI | - AON 6102 |

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\$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:

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## 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: 200 M   | FFC INC.  |             |
|--|---|-------------|
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:                                 |   |             |
| 5440 Principal street address 5440 N (CVAI) 1)R.   | Mailing address, if different box 105 RIVIEIA BEACH | nt is:      |
| (TE 57) 6  | RIVIETA BEACH,                                      | FL 33419    |
| Singer Island, FL 33404  | /   | <u></u>     |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is.  /////////////////////////////////// |   |             |
|  |   |             |
|  | · · · · · · · · · · · · · · · · · · ·               |             |
|  |   |             |
|  |   |             |
|  |   |             |
|  |   |             |
| ARTICLE IV SHARES The number of shares of stock is:  | ·   | <del></del> |
| ARTICLE V INITIAL OFFICERS AND/OR DIRE   |   |             |
| Name and Title: SNaich Franze (P)  | Name and Title.                                     |             |
| Address: 5440 N GOTON DR<br>Singer Island, Fl. 33  | Address:  | <b>%</b>    |
| Singer Island, Fl. 33  | <i>4</i> 6  | A C         |
| Name and Title:  | Name and Title:                                     | AND T       |
| Address:   | Address:  | SS TO       |
|  |   |             |
| Name and Title:  | Name and Title:                                     | 57          |
| Address:   | Address:  |             |
|  | <u></u>   |             |

| ARTICLE VI REGISTERED MODIVI   |
|--|
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  |
| Name: Cindy Denny  |
| Address: 5440 N. Ocean DR.  STE 506 Singer Island, FL 33404  |
| ,  |
| ARTICLE VII INCORPORATOR   |
| The <u>name and address</u> of the Incorporator is:  |
| Name: Shuron Franzel 5440 N. Ocean DR.   |
| Address: Address:  |
| 51E 306 1 1 1 1  |
| Source Island It.  |
| Singer Island I FL.<br>33404   |
| ****************   |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated is this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity |
|  |
| Required Strange/Revistered Agent  Date  |
| Required Synature/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  |
| document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.   |
| Shann Warel 10-28.19   |
| Required Signature/Invorporator Date   |
|  |

ARTICLE VI REGISTERED AGENT

PILED BECKETARY OF STATE