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(Re	questor's Name)	
(Ad	dress)	
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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TO: Charter Section

Division of Corporations

SHRIECT.	Glory	Land	Company
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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:

Allison Cumbie		
Contact P	erson	-
Glory Land		
Firm/Con	npany	-
12392 NE 25th Ave		
Addre	:SS	_
Anthony, Florida 32617		
City, State and	d Zip Code	-
FLGloryLand@gmail.com		
E-mail address: (to be used for t	uture annual report notifica	ation)
For further information concerning th		
Allison Cumbic	at (502-2582
Name of Contact Person	Area C	Code and Daytime Telephone Number
Enclosed is a check for the following	amount:	
□ \$105.00 Filing Fees □\$113.75 Fi and Certifica Status		opy Sertified Copy, and Certificate of Status

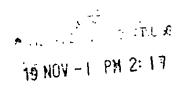
STREET ADDRESS:

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

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" immediately prior to the filing of this Certificate of Conversion is:
Glory Land, L.I.C L16000047079.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Company
(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
(Enter state, or if a non-U.S. entity, the name of the country)
March 07, 2016 on
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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Glory Land Company
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: [November 1, 2019] [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.

Signed this <u>28th</u> day of <u>October</u>	. 20_ <i>19</i>	· · · · · · · · · · · · · · · · · ·
Required Signature for Florida Profit Corporatio	<u>n:</u>	
Signature of Chairman, Vice Chairman, Director, Off Incorporator: Lilison Cumbic Title: President	ficer, or, if Directors or Officers have	19 NOV - PM 2: 17 not been selected, an
Required Signature(s) on behalf of Other Busines	s Entity: See below for required sign	nature(s).)
Signature: Allison Cumpic		
Printed Name:	Title: AR	
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 Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	<u>.</u> .	
All others: Signature of an authorized person.		
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)	

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

	19 NOV - 1 PM .
The name of the corporation shall be: Glory Land Compa	ny
ARTICLE II PRINCIPAL OFFICE	•
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
12392 NE 25th Avenue	Same
Anthony, Fl. 32617	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any and all lawful business.	
····	
ADTICI F IV. SHAPFS	
ARTICLE IV SHARES	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: Cumbie, Allison President	RECTORS
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: Cumbic, Allison President 12392 NF 25th Avenue	RECTORS Name and Title:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: 12392 NE 25th Avenue	RECTORS Name and Title:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: Cumbie, Allison President Address: 12392 NE 25th Avenue Anthony, Florida 32617	RECTORS Name and Title: Address:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: Cumbie, Allison President 12392 NE 25th Avenue Anthony, Florida 32617 Name and Title:	RECTORS Name and Title: Address: Name and Title:
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ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: Cumbie, Allison President 12392 NE 25th Avenue Anthony, Florida 32617 Name and Title:	Name and Title: Address: Name and Title: Address:

ARTICL.	E VI REGISTERED AGENT and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:	Ball to Color a how
vame:	Allison Cumbie		19 NOV - 1 PM 2: 17
Address:	12392 NE 25th Avenue		
	Anthony, FL 32617	_	
ARTICL			
The <u>name</u>	and address of the Incorporator is:		
Name:	Allison Cumbie		
Address:	12392 NE 25th Avenue	·	
	Anthony, FL 32617		
Having b this certif	lison familiar with and accept the delison	**************************************	o act in this capacity
Ū	Required Signature/Registered Agent	Date	
l submit i documen	this document and affirm that the facts . t to the Department of State constitutes a	stated herein are true. I am aware that any third degree felony as provided for in s.81	y false information submitted in a 7.155, F.S.
a	Vison Cumpie	10/28	/19
=	Required Signature/Incorporator	Date	