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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Oity/Olate/2ip// Horie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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12/05/19--01022--007 **105.00

SECRETARY OF STATE

COVER LETTER

то:	Charter Section Division of Corporations				
SUBJ	FCT: Chrisvon Serveies, Inc.				
5000		Resulting Flo	orida Profit (Corporation	
	nclosed Certificate of Conversion, Article " into a "Florida Profit Corporation" in ac	•			er Business
Please	e return all correspondence concerning thi	s matter to:			
Richar	rd T, Balog, CPA				
	Contact Person	_			
Balog	+ Tamburri, CPAs				
	Firm/Company				
4221 (Clearwater Lane				
	Address				
Jackso	onville, FL 32223				
	City, State and Zip Cod	e			
rickba	log@gmail.com				
	E-mail address: (to be used for future ann	ual report not	ification)		
For fu	orther information concerning this matter,	please call:			
Richar	rd T, Balog, CPA	904 at (268-11	148	
	Name of Contact Person		ea Code and	Daytime Telephone Number	
Enclo	sed is a check for the following amount:				
■ \$10	05.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status	□\$113.75 I and Certifie	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		New F Division The Co 2415 N	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

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 En	ntity" immediately prior to the filing of this Certificate of Conversion is:
Chrisvon Services, LLC	(LIZ-)5600)
	Enter Name of Other Business Entity
2. The "Other Business Entity" is a (Enter entity typ	e. Example: limited liability company, limited partnership, ship, common law or business trust, etc.)
first organized, formed or incorporated	·
06/06/2012 on	
	Business Entity" was first organized, formed or incorporated
If the jurisdiction of the "Other Busi organized, formed or incorporated:	iness Entity" was changed, the state or country under the laws of which it is now
4. The name of the Florida Profit Corpo	oration as set forth in the attached Articles of Incorporation:
Chrisvon Services, Inc.	
	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 Department of State.)	to nor more than 90 days after the date this document is filed by the Florid
Note: If the date inserted in this block listed as the document's effective date of	does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.

Page 1 of 2

Signed this 25th day of November	. 2019	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: X / / / / / / / / / / / / / / / / / /	er, or, if Directors or Officers have not b	een selected, an
Required Signature(s) on behalf of Other Business E		e(s).l
		•(-)-]
Signature:Robert Dey	Title: MgrM	_
Printed Name: Robert Dey Signature:		<u> </u>
Printed Name:		
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.		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	2019 DEC SECRETALLA
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		2019 DEC -5 AM II: 13 SECRETARY OF STATE TALLAHASSEE
All others:		SIS = O
Signature of an authorized person. Fees:		13 1E
Certificate of Conversion:	\$35.00	

Certificate of Conversion:

\$70.00

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$8.75 (Optional) \$8.75 (Optional)

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

ARTICI.K.II PRINCIPAL.CIRRICH.		
The principal place of business/mailing address is	:	
Principal street address 1697 Ashwood Circle	Mailing address, if different is:	
Middleburg, FL 32068		
		<u>.</u>
ARTICLE III PURPOSE	and in	
The purpose for which the corporation is organi All things legal.	zed is:	
ARTICLE IV SHARES The number of shares of stock is:		
		
The number of shares of stock is:	OR DIRECTORS	2010
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND Name and Title: Robert Dey, President 1697 Ashwood Circle	Name and Title:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND Name and Title: Robert Dey, President 1697 Ashwood Circle	Name and Title: Address: Address:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND Name and Title: Robert Dey, President Address: 1697 Ashwood Circle Middleburg, FL 32068	Name and Title: Address: Address:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND Name and Title: Robert Dey, President 1697 Ashwood Circle Middleburg, FL 32068	Name and Title: Address: Name and Title:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND Name and Title: Robert Dey, President 1697 Ashwood Circle Middleburg, FL 32068 Name and Title:	Name and Title: Address: Name and Title: Address:	

ARTICL	E VI REGISTERED AGENT		
The name	e and Florida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Robert Dey		
Address:	1697 Ashwood Circle		
	Middleburg, FL 32068		
ARTICL	E VII INCORPORATOR		
The name	e and address of the Incorporator is:		
Name:	Robert Dey		
Address:	1697 Ashwood Circle		
	Middleburg, FL 32068		
*****	***********		natad i
Having be	een named as registered agent to accept service of _l Scate. I am familiar with and accept the appointmen	process for the above stated corporation at the place design at as registered agent and agree to act in this capacity	Tuteu I
	1/11 6 3		
	111667	12/02/2019	
/	Required Signature/Registered Agent	Date	
I submit i document	this document and affirm that the facts stated here t to the Department of State constitutes a third degr	in are true. I am aware that any false information submit ee felony as provided for in s.817.155, F.S.	ted in
	Required Signature/Incorporator	- 12/02/20.9 Date	
70	Required Signature/Incorporator	Date	

