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(Requestor's Name)			
(Address)			
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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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SECRETARY OF STATE

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COVER LETTER

TO:

Charter Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Cor	porations		·
SUBJECT: 7007	THER OCEAN Name of	NOUTFITTE Resulting Florida Profit (Corporation
		s of Incorporation, and fe cordance with s. 607.111	es are submitted to convert an "Other Business 5, F.S.
Please return all corresp	ondence concerning this	s matter to:	
TERRY	W. ARME. Contact Person	5 70	
MOTHER C	Firm/Company	FITTERS, L	L C
100-3 EL	CAPITAN D Address	RIVE, APT.	c-3
13LAMOR	ADA, FL City, State and Zip Code	<i>33036</i>	
MOTIARR E-mail address: (to	OCFANIOO3 (be used for future annu	@ GMA/L. CO/	ท
For further information	concerning this matter, p	please call:	
TERRY AR Name of Co	MESTO ontact Person	at (<u>365</u>) <u>& 9</u> Area Code and	8-6187 Daytime Telephone Number
Enclosed is a check for	the following amount:		
\$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
<u>Mailing Addr</u> New Filing Se			Address: iling Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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:
MOTHER OCEAN OUTFITTERS, LLC (LI)-220004 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 FLORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on
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:
N/A
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
MOTHER OCEAN OUTFITTERS CORP.
Enter Name of Florida Profit Corporation
 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 Florida
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.

Page 1 of 2

Signed this <u>2 MD</u> day of <u>DECEMBE</u>	ER . 20_19			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director Office Incorporator:	er, or, if Directors or Officers have not be	en selec	eted, ar	1
Required Signature(s) on behalf of Other Business I	Entity: See below for required signature	(s).]		
Signature: Leanue)	_		
Printed Name: TERRY W. ARMESTO	Title: MANAGER	_		
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.		SEERETA TALLAH	2019 DEC -5	7
All others: Signature of an authorized person.		RETARY OF STATE LAHASSEE, FL	-5 AM 11: 13	
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)	TATE FL	: 13	

Page 2 of 2

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: MOTHER	OCEAN OUTFITTERS CORP.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
100-3 EL CAPITAN DR #C-3	?
ISLAMORADA, FL 33036	
13×11110011JH, 1 C 3300	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
WHOLESALE SALES	
WHOLESALE SAKES	
	·
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIREC	CTORS
	
Name and Title: TERRY W. ARMESTO PRESIDENT	Name and Title:
	Address:
#C-3 ISLAMORADA, FL 330	
13LAMORHDA, FL 330	76 <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
Name and Title:	Name and Title:
Address:	Address:
Address:	
	—————————————————————————————————————
Name and Title:	Name and Title:
	en e
Address:	Address:

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Name:

TERRY W. ARMESTO

Address

100-3 EL CAPITAN DR. # C-3

1SLAMORADA, FL 33036

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

TERRY W. ARMESTO

Address:

_100-3 EL CAPITAN DR. # C-3

ISLAMORADA, FL 33036

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

12/2/19 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

12/2/19

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