# P2000000792

(F	Requestor's Name)		
<u> </u>	Address)		
(A	ddress)		
(C	City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL	
(E	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
		:	

Office Use Only

**CAM 0 6 2020** 

T. SCOTT



500337464755

12/09/19--01033--017 \*\*122.58



TO: Charter Section
Division of Corporations

SUBJECT: Applied Control Textory
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:

Cathleen M. Powell
Control Person

Applied Control Control Control
Firm/Company

2905 Alyssa Pond Control
Address

City. Stdte and Zip Code

Applied Control Code

Permail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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 Certificate of Status □ \$113.75 Filing Fees Status □ \$113.75 Filing Fees Certified 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"

lnto

# 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:
Applied Con-Tek LC - LIVUU03059  Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
on3-14-20\\
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:  Applied Com - Tek, Inc.  Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 10-3-2014.  (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 28 n day of Ook	. 20_ <i>/9</i>	
Reguir	f ed Signature for Florida Profit Corporation:		
Incorpo	orator:Title: Par		selected, an
<u>Requir</u>	ed Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s)	).]
Signatu	ire:		
	Name: Cathlean H. Fewell		
Signatu	те:		
Printed	Name:	Title:	
Signatu	ere:		
Printed	Name:	Title:	
Signatu	re:		
Printed	Name:	Title:	
Signatu	re:		
Printed	Name:	Title:	
Signatu	re:		
Printed	Name:	Title:	
	da General Partnership or Limited Liability re of one General Partner.	Partnership:	
	da Limited Partnership or Limited Liability res of ALL General Partners.	Limited Partnership:	
	da Limited Liability Company: re of a Member or Authorized Representative.		
<b>All oth</b> Signatu	ers: re 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)	

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

ARTICLE 1 NAME	plied Com-		
The name of the corporation shall be:	plied com-	iek, toc.	_
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
Principal street address	Mailing address, if different is:		
	<del></del>		<del></del>
2905 Alyssa Dond Court			
Tallahasser, FL 32303			
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:			
We are requesting	to change	our LLC	Status
to a S-type corp	•		
are a for profit		• •	
	<u>company</u>		1-1-1-11 4
contractor field	<del></del>	<u>.</u>	
ARTICLE IV SHARES			
The number of shares of stock is: 2,660			_
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title: Cathleen M. Pow		John S. Pa	ا میں
_			
Address: 2901 Alyssa Pond C		•	
Tallahassee, FL 323	303	Tallahassee,	FL 32303
Name and Title:	Name and Title:		
Address:		Ľ	
			330 DEC
		<u>-</u>	
Name and Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·	
Address:			
			- 1

	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
-	ohn S. Fawell		
Address: 29	Ol Alyssa Head a.		
Ta	Mahrosee FL 32363		
ARTICLE VII The name and add	INCORPORATOR dress of the Incorporator is:		
Name:	these M. Former!		
Address: a	Alyssa Had Ct.		
كنا	lahassee, Fl 31303		
*****	*********	*********	
	ed as registered agent to accept service of proc m familiar with and accept the appointment as		
Requir	red Signature/Registered Agent	<u>/ම ටප-201</u>	7
I submit this document to the D	ment and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that any false infections as provided for in s.817.155, F.S.	ormation submitted in a
Require	red Signature/Incorporator	<u>18-23-2619</u> Date	