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(Re	questor's Name)	_
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETALY OF STATE

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COVER LETTER

TO: Charter Section Division of Corporations
SUBJECT: (01 50 L 1 DATES) (Gumer CIGI STUIRS ASSOCIATION INC.
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:
TODD PULASON Contact Person
Contact Person
Consolio ATEN Commercial Services ASSUCIATION Firm/Company TMC.
305 MLK STREET SWAT # 410
Address
Saint Ptrisburg, FC 33705 City. State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
S HAUE D h 15 0 17 at (917) 743 - 1895 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 \$\int \frac{1}{2}\$113.75 Filing Fees and Certified Copy Status \$\int \frac{1}{2}\$113.75 Filing Fees and Certified Copy Certified 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

Tallahassee, FL 32301



December 16, 2019

TODD JOHNSON 305 MLK STREET SOUTH #410 SAINT PETERSBURG, FL 33705 US

SUBJECT: CONSOLIDATED COMMERCIAL SERVICES ASSOCIATION INC.

Ref. Number: W19000107839

We have received your document for CONSOLIDATED COMMERCIAL SERVICES ASSOCIATION INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

In order for us to process your document there must be a signature on the second page of the Conversion Form. It states Required signature on behalf of Other Business Entity.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

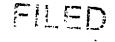
Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 619A00025351

Certificate of Conversion For

"Other Business Entity"

Florida Profit Corporation



2019 NOV 19 PH 4: 14

SECRET VILLUE STATE TALLIES IN TEE, FL

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:
(GISOLIDATION COMMERCIAL Services ASSOCIATION INC.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a COCPUTATION (Factor parties to the Example: Limited liability company limited partnership.
(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 OK la homes
(Enter state, of it a non-o.s. entry, the name of the country)
1122/2019
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:
(Gasolionercial Services Association 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 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.

Signed this 15Tit day of Novembe	, 20_19			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: 1000 Dunsen Title:	ter, or, if Directors or Officers have not been selected, an			
Required Signature(s) on behalf of Other Business J	Entity: [See below for required signature(s).]			
Signature:	<u> </u>			
Printed Name: TODI) JB4 158-	_ Title: Plosient			
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 Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
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)			

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

The name of the corporation shall be:	(Owner (a) Ser Vices
	anon Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
305 MLIC SMURT SUNT	4 410
JAINT PEKERS BURGET SUNT	7
The purpose for which the corporation is organized is:	
MARIETINS Small Bus	iness Gurens For
Wellness AND IteaLAT P	roduc 13.
	S 20
	S COST
	9
	PH 4: 14 STAT
ARTICLE IV SHARES The number of shares of stock is:	· ਜੋ •
APTICLE V INITIAL OFFICERS AND/OR DIRECTORS	<u>§</u>
Name and Title: TODD TOURSUN Name	and Title: PICS LOCA T
Address: 305 MLK STHEET Addre	
THE THE WILL	
Saint Retusburg FL 337	e and Title:
Name and Title: Name Address: Address	
Address.	
	e and Title:
	ess:
Address: Addr	

The name and Florida street address (P.O. Box NOT acceptable) of the registr	ered agent is:
Name: 7000 Johnson	
Address: 305 MLK STNERET SJ	ont # 410
Saint Petersburg, FL 3	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: 10dd Johnson	
Name: 10dd JOM/SON Address: 305 MLIC SMURET SUUT	h # 4(0
Address:	フィンー
Sant Petersburg, FL 33	(03
Having been named as registered agent to accept service of process for the ab	ove stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment as registered ag	eent and agree to act in this capacity
7 1/2 (·) 0	11-15 - 2019
Passing Signature Passistered Agent	Date
Required Signature/Registered Agent	
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 provi	ided for in s.817.155, F.S.
I flam Miller	1-2-2020
Required Signature/Incorporator	Date

ARTICLE VI REGISTERED AGENT

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