# P2000004860

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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#### **COVER LETTER**

TO:	Charter Section			
	Division of Corporations  American Hemp Manufacturing, Inc.			
SUBJ	ECT:			
	Name of F	lesulting Florida I	ਾofit C	Corporation
The e	nclosed Certificate of Conversion, Articles "into a "Florida Profit Corporation" in acc	of Incorporation, cordance with s. 6	and fee 07.111:	es are submitted to convert an "Other Business 5, F.S.
Please	return all correspondence concerning this	matter to:		
Alexa	adria Hill			
	Contact Person			
Amer	ican Hemp Manufacturing, Inc.			
	Firm/Company			
920 F	deming Street			
	Address	<del></del>		
Hem	ng Island, Florida 32003			
	City, State and Zip Code			
a.hill	@amhempmfg.com			
	E-mail address: (to be used for future annu	al report notificat	ion)	
	urther information concerning this matter, undria Hill	please call: 904 at (	55473	44
	Name of Contact Person		de and	Daytime Telephone Number
Encl	osed is a check for the following amount:			
□\$	05.00 Filing Fees S113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Co	_	□\$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 massee, 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 Entity" immediately prior to the filing of this Certificate of Conversion is:
American Hemp Manufacturing L.L.C. (LJG - 153375)
Enter Name of Other Business Entity
limited liability company
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership.
general partnership, common law or business trust, etc.)
Florida
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
June 10, 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 not organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> American Hemp Manufacturing, Inc.
Enter Name of Florida Profit Corporation
12/1/2019
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 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.

Page 1 of 2



Signed	18th December thisday of	, 20		
	red Signature for Florida Profit Corporation:			
Signate Incorpe Printed	ure of Chairman Vice Chairman, Birecto Office orator:  Name: 750 A M/O W/Y Title: 1.	cer, or, if Directors or Officers have not bee	n selected, an	
Reapir	red Signature(s) on behalf of Other Business		s).]	
X Signatι				
Printed	Name: Juratran Class	Title:		
Signatu	ure:		-	
Printed	i Name:	Title:	-	
Signati	ure:			
Printed	i Name:	Title:	-	
Signati	ure:		-	
Printed	d Name:	Title:	-	
Signat	ure:	•	<del>-</del>	
Printed	d Name:	Title:	<u>-</u>	
Signat	ure:		-	
Printex	d Name:	Title:	-	
	rida General Partnership or Limited Liabillt ure of one General Partner.	y Partnership:		
	rida Limited Partnership or Limited Liability tures of <u>ALL</u> General Partners.	y Limited Partnership:	s <b>3</b> 1	
	rida Limited Liability Company; ture of a Member or Authorized Representative.		PIO DEC	7
All oth Signat	hers: ture of an authorized person.		30 HASS	
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)	AM II: 16	

Page 2 of 2

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

ARTICLE I NAME American Hemp Manufacturing, Inc.  The name of the corporation shall be:			
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
Principal street address	Mailing address, if different is:		
450 S. Orange Ave	maning about 3, it different is:		
Third Floor Suite 311		<del></del>	
Orlando, Florida 32801			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
The general purpose of the Corporation shall be any and all la	awful business for which corporations may be incorporated		
under the laws of the state of Florida of the United States of A	America.	_	
		_	
		<del>-</del>	
		<del>.</del>	
		<b></b>	
		_	
ARTICLE IV SHARES	41 9211001		
The number of shares of stock is:	42,924,851		
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS		
Jonathan T. Clark, CEO			
Name and Title:	Name and Title:		
450 S. Orange Ave., Third Floor, Suite 311 Address:	Address:	<u>3</u> :	
Orlando, Florida 32801	Address.	<b>ā</b> :	
Name and Title:	Name and Title:	ر م	
. Torre dita 1 tac.	10.0	•	
Address:	Address:		
	FE		
	<u> </u>		
Name and Title:			
Address:	Address:		
		_	

ARTICL	·	
The name	and Florida street address (P.O. Box NO	f acceptable) of the registered agent is:
	Jonathan T. Clark	
Name:		
	450 S. Orange Ave, Third Floor, Suite 311	
Address:		
	Orlando, Florida 32801	
ARTICL	E VII INCORPORATOR	
The pame	and address of the Incorporator is:	
	Jonathan T. Clark	
Name:		
	450 S. Orange Ave, Third Floor, Suite 311	
Address:		
	Orlando, Florida 32801	
*******	*****************	************************
Having he	en named as revistered avent to accept ser	vice of process for the above stated corporation at the place designated in
		pintment as registered agent and agree to act in this capacity
		minima = 1-8-1010 - Battle min ng. to to act at and capacity
		11/16/16
Y	mal 11 m	12/19/19
	Required Signature/Registered Agent	Date
,		
i submit t	his document and affirm that the facts stat	ed herein are true. I am aware that any false information submitted in a
document	to the Department of State constitutes a th	rd degree felony as provided for in s.817.155, F.S.
_	-7 / $-$ 7/1	. 1
٧/	101 111	12/15/15
	Required Signature/Incorporator	Date /

FILED
7019 DEC 30 AM 11: 16
SECRETARY OF STATE
TALLAHASSEE, FL