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

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COVER LETTER

TO:	Charter Section Division of Corporations				
SUBJ	FCT: COLIN DEWAAY TRAINING INC				
00120		Resulting Flo	orida Profit	Corporation	
	nclosed Certificate of Conversion, Article " into a "Florida Profit Corporation" in ac				siness
Please	e return all correspondence concerning this	s matter to:			
COLI	N DEWAAY				
	Contact Person				
COLI	N DEWAAY TRAINING INC				
	Firm/Company				
7600	RIDGE ROAD, APT 102C				
-	Address				
SEMI	NOLE, FL 33772				
	City. State and Zip Cod	e			
CDEV	VAAY@LIVE.COM				
	E-mail address: (to be used for future anni	ual report not	ification)		
For fu	rther information concerning this matter,	please call:			
COLII	N DEWAAY	727 at (417.4	582	
	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 and Certific	Filing Fees ed Copy	■\$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 C	Address: Tiling Section on of Corporations entre of Tallahassee Monroe Street, Suite 810	

Tallahassee, FL 32303

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: COLIN DEWAAY TRAINING LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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
(Enter state, or if a non-U.S. entity, the name of the country)
07/18/2016 on .
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: N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> COLIN DEWAAY TRAINING INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of tiling, 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 17TH day of DECEMBER	19		
Required Signature for Florida Profit Corporation			
Signature of Chairman, Vice Chairman, Director, Off neorporator: Printed Name: COLIN DEWAAY Title: PRESI	icer, or, if Directors or Officers have not b	een selec	eted, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature	z(s).]	
Signature:			
Printed Name: COLIN DEWAAY	_{Title:} MBR		
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 Liabilit Signature of one General Partner.	y Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	<u>19</u> [
All others: Signature of an authorized person.		ALŤAHÁSŠER, FĽČÁND	CEC 20 P
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)	FLCWD4	PN 2: 12

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

ARTICLE I NAME COLIN DEW	AAY TRAINING INC			
The name of the corporation shall be:				
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
Principal street address 7600 RIDGE RD, APT 102C	Mailing addres	Mailing address, if different is:		
SEMINOLE FL 33772				
				
ARTICLE III PURPOSE The purpose for which the corporation is organiz ANY AND ALL LAWFUL PURPOSE PROVIDED		FLORIDA		
ANY AND ALL LAWFUL PURPOSE PROVIDED	UNDER THE LAWS OF THE STATE OF	FLUKIDA 		
	· · · · · · · · · · · · · · · · · · ·			
		- ,		
ARTICLE IV SHARES The number of shares of stock is:		DEC ON		
ARTICLE V INITIAL OFFICERS AND/O	OR DIRECTORS			
Name and Title:	P,S.T	2: 12 LÖRIII		
7600 RIDGE RD, APT 102C		35		
SEMINOLE, FL 33772				
Name and Title:	Name and Title:			
Address:	Address:			
Name and Title:				
Address:				

Name:	COLIN DEWAAY		
Address:	7600 RIDGE RD APT 102 C		
	SEMINOLE, FL 33772		
ARTICL	·		
The <u>name</u> Name:	e and address of the Incorporator is: COLIN DEWAAY		
Address:	7600 RIDGE ROAD APT 102 C		
	SEMINOLE FL 33702		

	**************************************		gnated in
Having b		ocess for the above stated corporation at the place designs as registered agent and agree to act in this capacity	gnated in
Having b	een named as registered agent to accept service of p	ocess for the above stated corporation at the place design	gnated in
Having b this certif	een named as registered agent to accept service of picate, I am familiar with and accept the appointment Required Signature/Registered Agent	ocess for the above stated corporation at the place designs as registered agent and agree to act in this capacity 12/19/2019 Date are true. I am aware that any false information subm	
Having b this certif	een named as registered agent to accept service of picate, I am familiar with and accept the appointment. Required Signature/Registered Agent this document and affirm that the facts stated herein	ocess for the above stated corporation at the place designs as registered agent and agree to act in this capacity 12/19/2019 Date are true. I am aware that any false information subm	

TALTIMIASSEE, FLIMON