

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| 74. | dd | _ |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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M20000000 1958

MAN 2 9 2020

T. SCOTT



800337844578

12/12/19--01005--007 **105.00





January 9, 2020

PATRICIA T. ANDERSON 400 S. DIXIE HWY., SUITE 128 BOCA RATON, FL 33432

SUBJECT: PPCCOS ENTERORISES INC

Ref. Number: W20000001958

We have received your document for PPCCOS ENTERORISES 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 Certificate of Conversion must be signed by an authorized person.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return the corrected original and one copy of 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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 320A00000612

www.sunbiz.org



Florida Division of Corporations

Attn: Tyrone Scott

2415 N. Monroe St., Suite 810

Tallahassee, FL 32303

Hi Tyrone:

Per our conversation attached are the updated documents for PPCCOS Enterprises Inc. with the following corrections:

Articles of Incorporation: The titles are now included with the Officer's name under Article V. Initial Officers

Certificate of Conversion: The Director has signed on behalf of "Other Business entity" on page 2

Please make sure to correct the misspelling of the name in Sunbiz (it appears as if it was a typo when entering the name into the system):

It is PPCCOS Enterprises, Inc. (not PPCCOS Enterprises Inc.)

Would you kindly confirm that all is in order, and of course let me know if you have any questions?

Thank you so much for your assistance with this!

Sincerely,

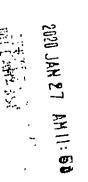
Theresa Carlsen

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: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PPCCOS Enterprises Inc. |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a Corporation |
| (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 Connecticut (Enter state, or if a non-U.S. entity, the name of the country) |
| (Enter state, or if a non-U.S. entity, the name of the country) |
| November 22, 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: |
| Florida |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> PPCCOS Enterposes Inc. |
| Enter Name of Florida Profit Corporation |
| 5. If not effective on the date of filing, enter the effective date: September 5, 2019 |
| (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 inscribed 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 5 day of December 2019 | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Required Signature for Florida Profit Corporation: | | | | |
| Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: Clarko Cronin Title: Director | | | | |
| Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] | | | | |
| Signature: Clarke Cramin | | | | |
| Printed Name: Clarke Cronin Tille: Director | | | | |
| Signature: | | | | |
| Printed Name: Title: | | | | |
| Signature: | | | | |
| Printed Name: Title: | | | | |
| Signature: | | | | |
| Printed Name:Title: | | | | |
| Signature: | | | | |
| Printed Name: Title: | | | | |
| Signature: | | | | |
| Printed Name: Title: | | | | |
| If Florida General Portnership or Limited Liability Partnership: Signature of one General Partner. | | | | |
| If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners. | | | | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | | | | |
| All others: Signature of an authorized person. | | | | |
| Fees: Certificate of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00 Certified Copy: \$8.75 (Optional) Certificate of Status: \$8.75 (Optional) | | | | |

Page 2 of 2

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

| The name of the corpor | | Inc. | | | |
|---------------------------------------------------|--------------------------------------------|---------------|-----------------------------------------------------|----------|----------|
| | INCIPAL OFFICE usiness/mailing address is: | | | | |
| Principal street address 513 West Palm Aire Drive | | 1311 | Mailing address, if different is: 1311 Tamarind Way | | |
| Pompano Beach, FL 330 | 69 | Воса | a Raton, FL 33486 | | |
| | RPOSE | <u></u> | | | |
| Consulting. | the corporation is organized is: | | | | |
| | | | | | |
| | | | | 4 | 2020 JAN |
| | | | | (2) | -6 |
| | | | | <i>t</i> | |
| ARTICLE IV SHA The number of shares of | | | | i. | <i>©</i> |
| ARTICLE V INIT | TIAL OFFICERS AND/OR DIR | RECTORS | | | |
| Name and Title: Clarko | Cronin, Director | Name and T | itle: | | |
| Address: 1311 | Famarind Way | Address: | 513 West Palm Aire Drive | | |
| Boca | Raton, FL 33486 | | Pompano Beach, FL 33069 | 9 | |
| Name and Title: Philip | Cronin, Treasurer | Name and T | itle: | | |
| Address: | Famarind Way | - Address: | | | |
| Boca | Raton, FL 33486 | • | | | |
| Name and Title: | la Cronin, Secretary | Name and T | itle: | | |
| | Famarind Way | Address: | | | |
| | Raton, FL 33486 | | | • | |

| The <u>name</u> | and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: | Clarke Cronm |
| Address: | 1311 Tamarind Way |
| | Boca Raton, Fl. 33486 |
| ARTICL | |
| The <u>name</u> | and address of the Incorporator is: |
| Name: | Clarke Cronin |
| Address: | 1311 Tamarınd Way |
| | Boca Raton, FL 33486 |
| | |
| ******* | *************************************** |
| Having be this certifi | en named as registered agent to accept service of process for the above stated corporation at the place designated in cute. I am familiar with and accept the appointment as registered agent and agree to act in this capacity |
| | 12/5/19 |
| | Required Signature/Registered Agent Date |
| l submit ti document | his document and affirm that the facts stated herein are true. I am aware that any false information submitted in a to the Department of State constitutes a third degree felony as provided for in x,817,155, F.S. |
| | 12/1/19 |
| | Required Agnature/Incorporator Date |

ARTICLE VI REGISTERED AGENT