P20000025107

(Requestor's Name)
(Address)
(Address)
(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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D O'KEEFE MAR 2 4 2020

W20-12304



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2020

MICHAEL CATANESE ANTIQUE & PAWN INC POST OFFICE BOX 877 DESTIN, FL 32541 2ND REQUEST

SUBJECT: ANTIQUE & PAWN INC Ref. Number: W20000012304

We have received your document for ANTIQUE & PAWN INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please provide requested signatures in the Certificate of Conversion.

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

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

DANEL L O'KEEFE
Regulatory Specialist II

Letter Number: 020A00002705

2020 MAR 13 BM IO: 5

COVER LETTER

TO: Charter Sec Division of	tion Corporations					
SUBJECT: ANTIQUE	UE & PAWN INC					
SOBJECT.	Name of	f Resulting Flo	rida Prolit	Corporation	_	
	icate of Conversion, Article da Profit Corporation'' in a				ert an "(Other Business
Please return all cor	respondence concerning th	is matter to:				
MICHAEL CATANE	ESE					
	Contact Person				575	2
ANTIQUE & PAWN	INC					0
	Firm/Company				÷	5 E
POST OFFICE BOX	877					64 : LU ED
	Address				in in	04:
DESTIN, FL 32541	32540	mo				
_	City, State and Zip Cod	le				
mike@destinpawn.com	າາ					
E-mail address	: (to be used for future ann	ual report notil	fication)			
For further informati	on concerning this matter,	please call:				
MICHAEL CATANE		850	25902	228		
Name of	Contact Person	_at (Area	Code and	l Daytime Telephone Nun	- nber	
Enclosed is a check t	for the following amount:					
■ \$105.00 Filing Fe	es □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified	_	□\$122.50 Filing Fees. Certified Copy. and Certificate of Status		
Mailing Ad New Filing Division of P.O. Box 63 Tallahassee	Section Corporations 327		New F Divisi The C	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810	

Tallahassee, FL 32303

Certificate of Conversion For Other Business Entity" lato 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: ANTIQUE & PAWN INC
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)
09/09/1991 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> ANTIQUE & PAWN 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 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 isted as the document's effective date on the Department of State's records.

Page 1 of 2

Signed this 30TH day of DECEMBE	₹ ₂₀ 19	
Required Signature for Florida Profit Corporat	ion:	
Signature of Chairman, Mice Chairman, Director, Chairman Director, Cha	Officer, or, if Directors or Officers 1	nave not been selected, an
Required Signature(s) on behalf of Other Busine	ss Entity: [See below for required	d signature(s).]
Signature:		
Printed Name: MICHAEL CATANES	Tide: PRESIDENT	
Signature:		
Printed Name:	Title:	
Signature:	44	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		<u></u>
Printed Name:	Title:	
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:	20
If Florida Limited Partnership or Limited Liabi Signatures of <u>ALL</u> General Partners.	lity Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representati	ve.	
All others: Signature of an authorized person.		1. 19
Certificate of Conversion:	\$35.00	
Feer for Planda Amie' - Plantage and Copy: Certified Copy: Certificate of Status:	S8.75 (Optional) S8.75 (Optional)	

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

The name of the corporation shall be: ANTIQUE & PAWN	INC			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:				
Principal street address		ress, if different is:		
743 HARBOR BLVD, STE 4	POST OFFICE BOX			
DESTIN, FL 32541	DESTIN, FL 30541	32540	<u>@</u>	
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:				
ANY AND ALL LAWFUL BUSINESS				
		20.		
		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
				
ARTICLE IV SHARES The number of shares of stock is:			,	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS			
Name and Title: MICHAEL CATANESE, PRESIDENT	Name and Title:			
Address: 517 GULF SHORE DRIVE				
DESTIN, FL 32541				
Name and Title:	Name and Title:			
Address:	Address:			
Name and Title:				
Address:				

ARTICL	E VI_ REGISTERED AGENT	
The name	and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	MICHAEL CATANESE	
Address:	517 GULF SHORE DRIVE	
	DESTIN, FL 32541	
<u>ARTICL</u>		
The <u>name</u>	and address of the Incorporator is:	
Name:	MICHAEL CATANESE	
Address:	517 GULF SHORE DRIVE	
	DESTIN, FL 32541	
******	************	******
Having be this certifi	een named as registered agent to accept so cate, I am familiar with and accept the ap	vice of process for the above stated corporation at the place designated in sointment as registered agent and agree to act in this capacity
	al 2_	12/31/2019
	Required Signature/Registered Agent	Date
I submit ti	his document and affirm that the facts sto	ed herein are true. I am aware that any false information submitted in a
document	to the Department of State constitutes a ti	ird degree felony as provided for in s.817.155, F.S.
(CHQ.	12/31/2019
	Required Signature/Incorporator	Date

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