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	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
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Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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*	Office Use Only



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T. SCOTT



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2020

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ROBERT G. JAMES 5039 KEY LARGO DR. PUNTA GORDA, FL 33950

SUBJECT: MARATHON RISK SOLUTIONS INC.

Ref. Number: W20000045361

We have received your document for MARATHON RISK SOLUTIONS 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):

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

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: 020A00009391

5/11/2010 * See corrected officer director title Netation * I have confirmed that my \$122.50 check WAS processed by Florida Dapt of State.

Please confinon my company morarison RISK

Solutions Inc. is Effective than in above to conduct business ?). Email. REAMES & MARATHENRISK,

www.sunbiz.org

COVER LETTER

TO:	New Filing Section
	Division of Corporations
	NA the Di

SUBJECT: Marathon Risk Solutions Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Robert G James		
Contact Person		
Marathon Risk Solutions	s Inc	
Firm/Company		
5039 Key Largo Dr.		
Address		
Punta Gorda, FL 33950		
City, State and Zip Code	e	
rjames@marathonrisk.r		
E-mail address: (to be used for future annu	ial report notification)	
For further information concerning this matter,	please call:	
Robert James	$_{\rm at}$ (312) 524	4-3846
Name of Contact Person		l Daytime Telephone Number
Enclosed is a check for the following amount:		
□ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	
Mailing Address:		Address:
New Filing Section		Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

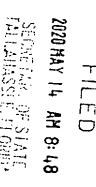
Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Marathon Risk Solutions Inc.
Enter Name of the Converting Entity
2. The converting entity is a S - Corp (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)
(Enter state, or if a non-U.S. entity, the name of the country)
on April 17, 2004
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Marathon Risk Solutions Inc.
Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: May 1, 2020
(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 28th day of April	. 20 20
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, if Directors or Office	
Printed Name: Robert G James Title:	sident- POST
companies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability
Signature:	
Signature: Robert G James	
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	<u>Limited Partnership:</u>
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Articles 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 FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Marathon Risk Solutions Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 5039 Key Largo Dr Punta Gorda, FL 33950 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Individual & Group Insurance, Risk Management & Benefits Planning & Consulting Services ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Robert G James, AUST Name and Title: 5039 Key Largo Dr Address: Address: Punta Gorda, FL 33950 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

ARTICL The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:		
Name:	Robert G James			
Address:	5039 Key Largo Dr.	_		
	Punta Gorda, FL 33950			

	Required Signature/Registered Agent	Date		