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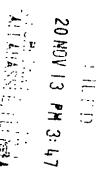
| (Requestor's Name)                      |   |  |  |  |
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| (City/State/Zip/Phone #)                |   |  |  |  |
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| PICK-UP WAIT MAIL                       | • |  |  |  |
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|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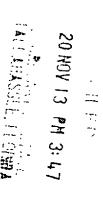
## COVER LETTER

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| SUBJ           | ECT:                         | FORT   | Nosi                                    | یآ۔       | آمر.                         |                                      |  |                    |
|                |                              |  |   | Name of   | Resulting Flori              | da Profit                            | Corporation  |                    |
|                |                              |  |   |           |                              |                                      | are submitted to convert the 933 & 607.0202, F.S.  | following eligible |
| Please         | return all                   | l correspo   | ndence conc                             | erning th | is matter to:                |                                      |  |                    |
| Pa             | MLA                          | _2_  | MUELS Contact P                         |           | KIDSON                       |                                      |  |                    |
| Fo             | RT                           | NoB  |   |           |                              | _                                    |  |                    |
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|                |                              |  | tact Person                             |           |                              |                                      | I Daytime Telephone Numbe  | Γ                  |
| Enclos         | ed is a ch                   | cck for th   | e following:                            | amount:   |                              |                                      |  |                    |
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|                | New Fi<br>Divisio<br>P.O. Bo | g Addres<br>iling Sect<br>on of Con<br>ox 6327<br>assee, FL  | ion<br>porations                        |           |                              | New F<br>Division<br>The C<br>2415 N | Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 81 assee, FL 32303 | 0                  |

## 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:  |
|---|
| FORT NOBLE LLC Enter Name of the Converting Entity  |
| 2. The converting entity is a LIMITED LIABILITY COMPANY  (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 FLORIDA   |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| on 08/12/2020   |
| Enter date "Converting Entity" was first organized, formed or incorporated.   |
| 3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> FORT NOBLE 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: $9/15/2020$ .  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid                           |
| i i be effective anie: Chaudel de ditor to bor more tana yo dhys hatri die anie aocadaed is died oy die riora   |
| •   |
| 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 LugusT   | , 20 90  |                          |
|--|--|--------------------------|
| Required Signature for Florida Profit Corporati  | on:  |                          |
| Printed Name: Aua Samuels Title:   | ·  | tor:                     |
| Required Signature(s) on behalf of Converting F  | lorida partnerships, limited partnership                     | s, and limited liability |
| companies: [See below for required signature(s).]  |  |                          |
| Printed Name: ALLA SAMUELS ATKIN   | SONTHE DESIGER   |                          |
| Signature:   |  |                          |
| Printed Name:  | Title:   |                          |
| Signature:   |  | · · · · ·                |
| Printed Name:  | Title:   |                          |
| Signature:   |  | <del></del>              |
| Printed Name:  | Title:   |                          |
| Signature:   | · · · · · · · · · · · · · · · · · · ·                        | <del>.</del>             |
| Printed Name:  | Title:   |                          |
| Signature:   |  | <u></u>                  |
| Printed Name:  | Title:   | <del></del>              |
| If Florida General Partnership or Limited Liabil Signature of one General Partner.                               | lity Partnership:  |                          |
| If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.                             | ity Limited Partnership:                                     | 20                       |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative                         | re.  | 20 NOV 13                |
| All others: Signature of an authorized person.   |  |                          |
| Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) | 3: 47                    |

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

| ARTICLE I NAME  The name of the corporation shall be: FORT                      | LORCE INC.                        |
|---|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: |                                   |
| Principal street address  | Mailing address, if different is: |
| 3613 PELOCK Deivē   |                                   |
| APOPKA, FL 32703  |                                   |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:     | ENTERPRISE AIMED AT POOLING       |
| + DEVELOPING RESOURCES INTO   |                                   |
| THE CORPORATION WILL IDENTIF  | Y PROJECTS/ IDEAS THEN            |
| STRATEGIZE PLANS TO MAKE  | THEM PRODUCE TANGIBLE             |
| PROFITS.  |                                   |
| ARTICLE IV SHARES The number of shares of stock is:                             |                                   |
| ARTICLE V OFFICERS AND/OR DIRECTORS   |                                   |
| Name and Title: Pawa S ATKINSON OFFICE  | Name and Title:                   |
| Address: SG13 PELOCK DRIVE  | Address:                          |
| A70PKA FL 32703   | <u> </u>                          |
| Name and Title: KIRK SWABY OFFICER  | Name and Title:                   |
| Address: 29 MANOR COURT   | Address: 5 4                      |
| NEW BRUDSWICK, NJ 08901   |                                   |
| Name and Title:   | Name and Title:                   |
| Address:  | Address:                          |
|   |                                   |
|   |                                   |

| ARTICLE VI REGISTERED AGENT   |   |
|---|---|
| The name and Florida street address (P.O. Box NOT acceptable) of        | the registered agent is:                        |
| Name: PALLA SAMUELS ATKINSON  |   |
| Address: 3613 PELOCK DEIVE  |   |
| APOPKA, FL 30708  |   |
|   |   |
| **************************************                                  | *************                                   |
| Having been named as registered agent to accept service of process j    | •         |
| this certificate, I am familiar with and accept the appointment as regu | isterea agent and agree to act in this capacity |
|   | 28TH AUGUST 2020                                |
| Required Signature/Registered Agent                                     | Date  |

20 NOV 13 PM 3: 47