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(Requestor's Name)

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(Business Entity Name)

(Document Number)

Certified Copies _____

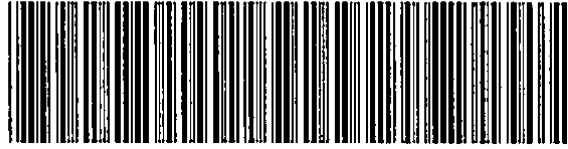
Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Protek Business Management, 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:

Thomas Mitchell

Contact Person

Protek Business Management, Inc.

Firm/Company

5665 Nicklaus Lane

Address

Milton, FL 32570

City, State and Zip Code

tmitchell@protekbenefits.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Mitchell at (**419**) **512-2795**

Name of Contact Person

Area Code and 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 ☒ \$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

Street Address:

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:

Protek Business Management, Inc.

Enter Name of the Converting Entity

2. The converting entity is a **Close 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 **Nevada**

(Enter state, or if a non-U.S. entity, the name of the country)

on **May 6th, 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**:

Protek Business Management, 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: **01/01/2021**

(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 1st day of December, 2020.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Thomas Mitchell

Printed Name: Thomas Mitchell Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: Thomas Mitchell

Printed Name: Thomas Mitchell Title: President

Signature: Karla Mitchell

Printed Name: Karla Mitchell Title: Secretary

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership 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:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

**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: Protek Business Management, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address <u>55 Nicklaus Lane,</u> <u>Milton, FL 32570</u>	Mailing address, if different is: <u></u> <u></u>
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
operate as a Close Corporation and shall engage in the business of insurance in all lines of authority
permitted under the license issued in compliance with the Department of Insurance in the state of Florida and to
engage in other lawful business activity inside and outside the state of Florida.

ARTICLE IV SHARES 10,000 shares - not public
The number of shares of stock is:

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: <u>Thomas Mitchell, President</u> Address: <u>5665 Nicklaus Lane</u> <u>Milton, FL 32570</u>	Name and Title: <u></u> Address: <u></u> <u></u>
Name and Title: <u>Karla Mitchell, Secretary</u> Address: <u>5665 Nicklaus Lane</u> <u>Milton, FL 32570</u>	Name and Title: <u></u> Address: <u></u> <u></u>
Name and Title: <u>Thomas Mitchell, Treasurer</u> Address: <u>5665 Nicklaus Lane</u> <u>Milton, FL 32570</u>	Name and Title: <u></u> Address: <u></u> <u></u>

ARTICLE VI REGISTERED AGENT

name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

me: Thomas Mitchell

dress: 5665 Nicklaus Lane

Milton, FL 32570

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Thomas Mitchell

Required Signature/Registered Agent

12/01/2020

Date