

P200000098323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

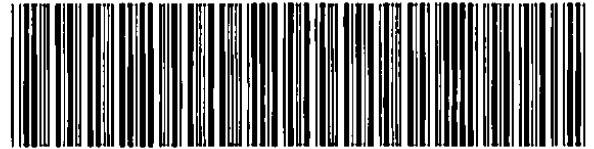
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400356799494

RECEIVED
TALLAHASSEE, FLORIDA
2020 DEC 22 PM 2:32

2020 DEC 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/22/20

NAME: E.C. CABAL, INC.

TYPE OF FILING: CONVERSION

COST: 105.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: E.C. Cabal, 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:

Bret M. Kanis

Contact Person

Hightower Law Firm

Firm/Company

119 N. Palafox Street

Address

Pensacola, FL 32502

City, State and Zip Code

bret@htowerlaw.com

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

For further information concerning this matter, please call:

Bret M. Kanis

Name of Contact Person

at (850) 549-3812

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy 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

2020 DEC 22 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL

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:

E.C. Cabal, Ltd.

Enter Name of the Converting Entity

2. The converting entity is a profit 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 Missouri

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

on September 10, 1979

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:

E.C. Cabal, 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: January 1, 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 17th 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:

Edito C. Cabal President
Printed Name: Edito C. Cabal Title: President

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

Signature: _____

Printed Name: Edito C. Cabal Title: President

Signature: *Edito C. Cabal* President

Printed Name: _____ Title: _____

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)

FILE
2020 DEC 22 AM

SECRETARY
TALLAHASSEE

ARTICLE I NAME

The name of the corporation shall be: E.C. Cabal, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

47 Mahogany Drive
Naples, Florida 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which corporations
may be organized under the Florida Business Corporations Act.

ARTICLE IV SHARES

The number of shares of stock is:

Thirty Thousand (30,000) of common stock, and each such share shall have a par value of \$1.00 per share

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Edito C. Cabal, Director & President

Address: 47 Mahogany Drive
Naples, Florida 34108

Name and Title: Maria Cabal, Secretary

Address: 47 Mahogany Drive
Naples, Florida 34108

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

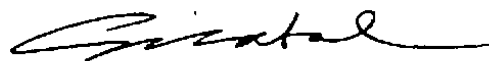
Address: _____

ARTICLE VI REGISTERED AGENT

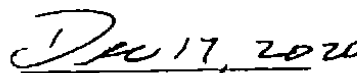
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Edito C. Cabal
Address: 47 Mahogany Drive
Naples, Florida 34108

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



Required Signature/Registered Agent



Date

SECRETARY OF STATE
TALLAHASSEE, FL

2020 DEC 22 AM 11:15