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(Re	equestor's Name)	 · · · · · · · · · · · · · · · · ·	
(Ác	ddress)		
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(Ci	ity/State/Zip/Phone	: #)	
PICK-UP	MAIT	MAIL	
(Bt	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

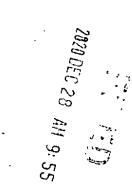




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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Shepherd Search Gr	roup Inc.		_
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	. <u>.</u>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File/
			Merger File
•			RA Resignation
			Dissolution / Withdrawal
•			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
N1	D		UCC 11 Search
Name	Date	Time	UCC Retrieval
Walk-In Thomaside GA		Jp	Courier

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.



Signed this 23rd day of	_r December	. 2023	
Required Signature for Flor	ida Profit Corporation:		
ЙСΙА	, or, if Directors or Office	rs have not been selected, an Incorporator	r:
Printed Name: David Ga	intshar _{Title:} CEO)	
Required Signature(s) on be	chalf of Converting Flori	da partnerships, limited partnerships,	and limited liability
companies: See below fork Signature:	equired signature(s):1		
Printed Name: David Ga	antshar	Title: President & CEO	
Signature:			_
		Title:	
Signature:			
Printed Name:			_
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	_
Signature:			
Printed Name:		Title:	_
If Florida General Partner Signature of one General Par		Partnership:	
If Florida Limited Partner Signatures of <u>ALL</u> General	ship or Limited Liability Partners.	Limited Partnership:	
If Florida Limited Liability Signature of a Member or A			
All others: Signature of an authorized p	person.		
Fees: Articles of Convers Fees for Florida Art Certified Copy: Certificate of Status	ticles of Incorporation:	\$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)

ino mane or c	he corporation shall be: Shepherd Sea	aron Group ino.	
ARTICLE I			
he principal	place of business/mailing address is:		
		Mailing address, if different is:	
		544 NW University Blvd. Suite #101	
Port Sa	int Lucie, FL 34986	Port Saint Lucie, FL 34986	
	II PURPOSE for which the corporation is organized is: ve Search & Recruitment		
		202	
		, 00 00	
		; 2	
<u></u>			
ARTICLE I	rv SHARES 1,000	28 49 9: 55	
ARTICLE	V OFFICERS AND/OR DIRECTORS	8 Apr 9:	
ARTICLE	V OFFICERS AND/OR DIRECTORS	8 Apr 9:	
ARTICLE Name and T		8 AH 5: 55	
ARTICLE	v officers and/or directors itle: David Gantshar, CEO	S: 55 Name and Title:	
ARTICLE Name and Tandaress:	v officers and/or directors itle: David Gantshar, CEO 544 NW University Blvd. Suite #101	S: 55 Name and Title:	
ARTICLE Name and Tandaress:	v officers and/or directors itle: David Gantshar, CEO 544 NW University Blvd. Suite #101 Port Saint Lucie, FL 34986	Name and Title: Address:	
ARTICLE Name and T Address: Name and T Address:	v officers and/or directors itle: David Gantshar, CEO 544 NW University Blvd. Suite #101 Port Saint Lucie, FL 34986 itle:	Name and Title: Address: Name and Title: Address:	
ARTICLE Name and T Address: Name and T Address:	v officers and/or directors itle: David Gantshar, CEO 544 NW University Blvd. Suite #101 Port Saint Lucie, FL 34986 itle:	Name and Title: Address: Name and Title: Address:	

The <u>name</u>	and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Vcorp Services, LLC		
Address:	5011 South State Road 7, Suite 106		
	Davie, FL 33314		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Having be this certifi	een named as registered agent to accept service of procieute, I am familiar with and accept the appointment as	ess for the above stated corporation at the place designated registered agent and agree to act in this capacity	t in
	mon	12/23/2020	
	Required Signature/Registered Agent	Date	

ARTICLE VI REGISTERED AGENT