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(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:		
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January 25, 2021

ALAN KOIFMAN LEVEL UP SHOP 7957 N UNIVERSITY DRIVE, STE 151 PARKLAND, FL 33067

SUBJECT: LEVEL UP SHOP INC Ref. Number: W21000007372

We have received your document for LEVEL UP SHOP INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please complete the marked sections in the Articles of Conversion.

Please return 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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 921A0000167,

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www.sunbiz.org

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COVER LETTER

TO:	New Filing Section●
	Division of Corporations

SUBJECT: LEVEL UP SHOP 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:

ALAN KOIFMAN			
Contact Person			
LEVEL UP SHOP INC			
Firm/Company			
7957 N UNIVERSITY DRIVE SUITE 151			
Address			

PARKLAND FLORIDA 33067

City, State and Zip Code

RADA@SHIPACARINC.COM

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

For further information concerning this matter, please call:

ALAN KOIFMAN at 954 675-0283

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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:
LEVEL UP SHOP 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 8/18/2020
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> LEVEL UP SHOP 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: 1/1/2021
The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid:
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be isted as the document's effective date on the Department of State's records.
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Signed this 30 day of December	. 20 <u>SC</u>	
Required Signature for Florida Profit Corporation	<u>ı:</u>	
Signature of Director, Officer, or, if Directors or Officer. Printed Name: Mclac / Manastric Viile:	•	or:
Printed Name: Mclac/ Mondstis Ville:	<i>X</i>	
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]		
Signature: 17-1/		
Signature: 17-2/f Printed Name: Michael Monastuski	Title:	X
Signature:		_
Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	<u> </u>
Signature:		
Printed Name:	Title:	 -
Signature:		 -
Printed Name:	Title:	_
Signature:		<u> </u>
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 <u>ALL</u> General Partners.	Limited Partnership:	21 FEB -6 PM
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		2: 12
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: LEVEL UP SHOP INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Mailing address, if different is: Principal street address 7957 N UNIVERSITY DRIVE SUITE 151 PARKLAND FLORIDA 33067 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ALL LAWFUL ENDEAVORS The number of shares of stock is: 1000 ARTICLE IV SHARES ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: MICHAEL MONASTIRSKI PRES Name and Title: 9061 CATTAIL RUN Address: Address: PARKLAND FL 33076 ALAN KOIFMAN VP Name and Title: Name and Title: 5645 CORAL RIDGE DRIVE STE 137 Address: Address: CORAL SPRINGS FL 33076 Name and Title: Name and Title:_____ Address: Address:

ARTICL		
The name	e and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	ALAN KOIFMAN	
Address:	5645 CORAL RIDGE DR #137	
	CORAL SPRINGS FL 33076	
******	************	********
Having bo this certifi	een named as registered agent to accept service of proc icate, I am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Charles and the same	18 20 300
	Required Signature/Registered Agent	Date

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