

(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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T. SCOTT



600367396746

06/03/21--01025--014 \*\*113.75



## **COVER LETTER**

.

TO:	Charter Section Division of Cor					
CHDI	ECT:	KS, INC				
SUBI	EC1:	Name of	Resulting	g Florida I	rolit	Corporation
		e of Conversion, Article: Profit Corporation'' in ac				ees are submitted to convert an "Other Business 15, F.S.
Please	return all corresp	ondence concerning this	s matter t	to:		
ENRI	QUE R CORREA					
		Contact Person				
PARA	AMOUNT ENTERI	PRISES MULTI SERVICE	S			
	,	Firm/Company				
2136	MICHIGAN AVE					
		Address				
KISSI	IMMEE, FL 34744					
		City, State and Zip Cod	e			
INFO	@CENTERCITYT	AXPLUS.COM				
	E-mail address: (t	o be used for future annu	ual repor	t notificati	on)	
For fu	irther information	concerning this matter,	please ca	ıll:		
ENRI	QUE CORREA		_at (	)	20170	03
	Name of Co	ontact Person	(	Area Co	de and	Daytime Telephone Number
Enclo	sed is a check for	the following amount:				
□ \$10	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status		.75 Filing ruffied Cop		DS122.50 Filing Fees, Certified Copy, and Certificate of Status
New I Divisi Clifto	EET ADDRESS: Filings Section ion of Corporation on Building Executive Center				Sew F Divisio J. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conv CCM WERKS LLC	ersion is:
Enter Name of Other Business Entity	
2. The "Other Business 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	
first organized, formed or incorporated under the laws of FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)	
07/26/2019 on	
Enter date "Other Business Entity" was first organized, formed or incorporated	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:  4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
CCM WERKS, INC	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to nor more than 90 days after the date this document is file.)	led by the Florida
Department of State.)  Note: If the date inserted in this block does not meet the applicable statistory filing requirements, this listed as the document's effective date on the Department of State's records.	s date will not be
• -	(100) (100) (100) (100)

Page 1 of 2

Signed	thisday of	, 20 <mark>21</mark>
Requir	ed Signature for Florida Profit	Corporation:
Signatu Incorpo	are of Chairman, Vice Chairman, prator: ENRIQUE CORREA	Director, Officer, or, if Directors or Officers have not been selected, an
Printed	Name: CHRIS MIGNEAULT	Title: CHAIRMAN
Requir	ed Signature(s) on behalf of Ot	her Business Entity: [See below for required signature(s).]
Signati	ne: Mist Proprient	
	,	Title:
Signati	ıre:	
Printed	Name:	Title:
Signati	ıre:	
Printed	Name:	Title:
Signate	ire:	
Printed	Name:	Title:
Signati	ıre:	
Printed	Name:	Title:
Signati	ire:	
Printed	Name:	Title:
	ida General Partnership or Lin ure of one General Partner.	nited Liability Partnership:
	ida Limited Partnership or Lin ires of <u>ALL</u> General Partners.	nited Liability Limited Partnership:
If Flor Signate	ida Limited Liability Company are of a Member or Authorized Ro	<u>:</u> epresentative
All oth Signatu	ners: ure of an authorized person.	
Fees:	Certificate of Conversion: Fees for Florida Articles of Inco Certified Copy: Certificate of Status:	\$35.00 prporation: \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing addi SAME AS PRINCIPA	ress, if different is:
SUITE D	4	
GROVELAND FL 34736		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is		
TO PROPERLLY STRUCTURE ENTITY TO ALLOW F	FUTURE SHARE HOLDER'S ALSO T	O ULTILIZE
SOLO 401 K SCORP RETIREMENT OPTIONS.		
	·	
The number of shares of stock is:	DIRECTORS	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR.		
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  CHRIS MIGNEAULT  8941 VILLAGE GREEN 3LVD	Name and Title	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  CHRIS MIGNEAULT  8941 VILLAGE GREEN 3LVD		1.3
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  CHRIS MIGNEAULT  8941 VILLAGE GREEN 3LVD	Mame and TitleAddress:	) 13
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  CHRIS MIGNEAULT  8941 VILLAGE GREEN 3LVD	Name and Title.	) 13
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  Name and Title:  CHRIS MIGNEAULT  8941 VILLAGE GREEN 3LVD	Mame and TitleAddress:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR AND CHRIS MIGNEAULT  Name and Title:  8941 VILLAGE GREEN 3LVD  CLERMONT FL 34736  Name and Title:	Mame and Title.  Address:  Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR.  CHRIS MIGNEAULT  Name and Title:  8941 VILLAGE GREEN BLVD  CLERMONT FL 347.36  Name and Title:	Mame and Title.  Address:  Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR AND CHRIS MIGNEAULT  Name and Title:  8941 VILLAGE GREEN 3LVD  CLERMONT FL 34736  Name and Title:	Mame and Title.  Address:  Name and Title:  Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR  CHRIS MIGNEAULT  8941 VILLAGE GREEN BLVD  CLERMONT FL 34736  Name and Title:  Address:  Address:	Name and Title.  Address:  Name and Title:  Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR.  CHRIS MIGNEAULT  8941 VILLAGE GREEN 3LVD  CLERMONT FL 34736  Name and Title:  Address:	Mame and Title.  Address:  Name and Title:  Address:	

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is:	
	LOGAN BOWYER & MCCOLLOUGH PA	te) of the registered agent is.	
Name: Address:	1645 E HWY 50 STE 202		
Addicss.	CLERMONT FL 34711		
ARTICL	E VII INCORPORATOR		
The <u>name</u>	and address of the Incorporator is:		
Name:	ENRIQUE CORREA		
Address:	2136 MICHIGAN AVE		
	KISSIMMEE, FL 34744		
	een named as registered agent to accept service of pro icate, I am familiar with and accept the appointment a	,	' in
<del></del>		$\frac{0 \le 0 / 20.20}{\text{Date}}$	
	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herein a to the Department of State constitutes a third degree j	are true. I am aware that uny false information submitted in felony as provided for in s.817.155, F.S.	n a
	[n-{	$\frac{3/1/21}{Date}$	
	Required Signature/Incorporator	Date	