# Pa1000058a89

(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



100368542961

SECRETARY OF STATE



11 1/22/21

### 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: 6/21/2021

NAME: DEEPDIVELING

TYPE OF FILING: CONVERSION

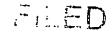
COST:

105.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

2021 JUN 21 AM 9: 16 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.

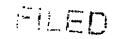
1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
DeepDive1 Inc.
Enter Name of the Converting Entity
2. The converting entity is a corporation
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country)
September 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> :  DeepDive1 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:  (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 9th	<sub>day of</sub> June	, <sub>20</sub> 21
Required Signature for	Florida Profit Corporation	
/Shute	hount	pers have not been selected, an Incorporator:
Printed Name: Robert	Showalter Title: Dir	ector
companies: (See below	for required signature(s)	rida partnerships, limited partnerships, and limited liability
Signature:	ant hour	
Printed Name: RODE	ert Showalter	Title: Director
Signature:		
Printed Name:		Title:
Signature:		
		Title:
Signature:		
		Title:
Signature:		
		Title:
Signature:		
Dalama I Marras		Title:
If Florida General Part Signature of one General	nership or Limited Liability Partner.	y Partnership:
If Florida Limited Parts Signatures of <u>ALL</u> Gene	nership or Limited Liability ral Partners.	<u> Limited Partnership:</u>
<u>If Florida Limited Liab</u> Signature of a Member o	ility Company: r Authorized Representative.	
All others: Signature of an authorize	d person.	
Fees:	ercion:	\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:



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

2021 JUH 21 AM 9: 16

ARTICLE I NAME The name of the corporation shall be: DeepDive1 Inc.

SECRETARY OF STATE TALLAHASSEE, FL

	II PRINCIPAL OFFICE al place of business/mailing address is:	
1	Principal street address	Mailing address, if differen
6311	Barton Rd.	
		<del></del>
Plant	City, FL 33565	
	III PURPOSE	
	e for which the corporation is organized is:  DWNErship	
boat c	- Wileisinp	
ARTICLE	IV SHARES +WO (2)	
<b>ARTICLE</b> The number	IV SHARES of shares of stock is: two (2)	
	<del></del>	S
<u>ARTICLE</u>	V OFFICERS AND/OR DIRECTOR	
ARTICLE Name and 1	<del></del>	Name and Title:
<u>ARTICLE</u>	v officers AND/OR DIRECTOR: Robert Showalter, director 6311 Barton Rd.	_
ARTICLE Name and 1 Address:	v of of of of of officers and officers and officers of officers and officers of officers o	Name and Title:  Address:
ARTICLE Name and 1 Address:	v officers AND/OR DIRECTOR: Robert Showalter, director 6311 Barton Rd.	Name and Title:  Address:
ARTICLE Name and 1 Address:	v of of of of of officers and officers and officers of officers and officers of officers o	Name and Title:  Address:  Name and Title:
ARTICLE Name and T Address: Name and T	v officers and/or directors  Robert Showalter, director  6311 Barton Rd.  Plant City, FL 33565	Name and Title:  Address:  Name and Title:
ARTICLE Name and T Address: Name and T Address:	v officers and/or director  Robert Showalter, director  6311 Barton Rd.  Plant City, FL 33565	Name and Title:  Address:  Name and Title:  Address:
ARTICLE Name and T Address: Name and T Address:	v officers and/or director Robert Showalter, director 6311 Barton Rd. Plant City, FL 33565	Name and Title:  Address:  Name and Title:  Address:  Name and Title:

ARTICLE VI REGISTERED AGENT

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

Name:

Robert Showalter

Address:

6311 Barton Rd.

Plant City, FL 33565

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this cartificate, 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