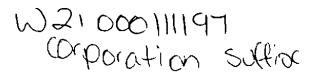
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Special Instructions to F	iling Officer:	

Office Use Only





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August 11, 2021

RICHARD SCHROEDER 4421 N FEDERAL APT 104 POMPANO BEACH, FL 33064

SUBJECT: RICHARD SCHROEDER CONSULTING

Ref. Number: W21000111197

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Letter Number: 021A00019092

Alannah M Carranza Regulatory Specialist II

7021 (· · · - 7 PII 2: 57

COVER LETTER

Division of Co			
SUBJECT:	ICHARN SG	HROBOER (Corporation
, ,	Name o	f Resulting Florida Profi	t Corporation
The enclosed Certifica Entity" into a "Florida	nte of Conversion, Articl Profit Corporation" in a	es of Incorporation, and accordance with s. 607.11	fees are submitted to convert an "Other Busin 115, F.S.
Please return all corres	spondence concerning th	is matter to:	
RICHAR	Contact Person	EP	
_			
	Firm/Company		
4421	N. KEDERAL	_ ATT 104	
	Address		
Pompaso	BEACH, F	-L 3306	4
	City. State and Zip Cod	le	•
Rich Schropd	er (a) G mA) to be used for future ann	L. Com	
_	concerning this matter.	please call:	
PIONARD SCHOOL	ENSK	_at (<u>561) 3 (</u>	80-3998
Name of Co	ontact Person	Area Code and	Daytime Telephone Number
Enclosed is a check for	the following amount:		
3\$105.00 Filing Fees	5113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	□\$122.50 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS:		MAIL	ING ADDRESS:

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

New Filings Section
Division of Corporations P. O. Box 6327 Taliahassee, FL 32314

Certificate in Conversion

"Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "On 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 Control of C	
Enter Name of Other Business Entity	 -
2. The "Other Business Entity" is a	
first organized, formed or incorporated under the laws of	
Enter date "Other Business Entity" was first organized, formed or incorporate	ea
 If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated: 	vs of which it is n
organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	
organized, formed or incorporated:	

Page 1 of 2

Required Signature for Florida Profit Corporation	on:	
Signature of Director, Officer, or, if Directors or Off	icers have not been selected, an Incorporator:	
Printed Name RICHARD SCHOOL Title: REC	INTERED AGENT	
Required Signature(s) on behalf of Converting Florompanies: See below for required signature(s).	orida partnerships, limited partnerships, and	limited liabili
Signature:		
Printed Name: PICKIRO SCHWEGER		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	v Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	v Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Gees:		
Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

_____. 20*2/*_

signed this A A day of Floor

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

ETICLE I NAME the name of the corporation shall be Pici	THRO SCHROLDER CONSULTINE INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address	
	SS 15:
Principal street address 1421 N. Fiscille L	Mailing address, if different is:
APT 104	
POMPANO BEACH, FL. 3.	3864
ARTICLE III PURPOSE The purpose for which the corporation is org	
	PROLIT CONSULTING
	790011 20103001100
BUSINESS	
···	
	D
he number of shares of stock is: /00 c	D/OR DIRECTORS
he number of shares of stock is: /00 c	D/OR DIRECTORS
he number of shares of stock is: /00 c RTICLE V INITIAL OFFICERS AN ame and Title: PICKARO SCHOO	D/OR DIRECTORS (E) Name and Title:
ne number of shares of stock is: /00 c RTICLE V INITIAL OFFICERS AN ame and Title: PICHARO SCHOO	D/OR DIRECTORS (E) Name and Title:
ne number of shares of stock is: /00 c RTICLE V INITIAL OFFICERS AN ame and Title: PCHARO SCHRI	D/OR DIRECTORS ISOSP Name and Title: APT 104 Address:
ARTICLE V INITIAL OFFICERS AN	D/OR DIRECTORS ISOUR Name and Title: APT 104 Address: 144 14 33864
ne number of shares of stock is:	D/OR DIRECTORS ISOM Name and Title: APT 109 Address: If Ic 33064 Name and Title:
the number of shares of stock is:	D/OR DIRECTORS Name and Title: APT 109 Address: H. L. 33064 Name and Title: Address:
ne number of shares of stock is:	D/OR DIRECTORS VEOR Name and Title: APT 109 Address: W. J.C. 33069 Name and Title: Address:
the number of shares of stock is:	Mose and Title: APT 104 Address: My 10 33664 Name and Title: Address: Name and Title:

The name a	and Florida street address (P.O. Box NOT acceptable) of the register	red agent is:
Name:	RICHARD SCHOOLEDER	
Address:	4421 N. FEDRELL APT 184	
-	9421 N. FEDERAL ART 184 POMPAN BERON 1-33064	
	and address of the Incorporator is:	
Name: _	RICHARD SCHALEDER	
Address:	4421 N. PERESIC APT 184	
-	POMPANO BEACH /c. 33064	
*******	***************	*****
Having been this certifical	en named as registered agent to accept service of process for the abovate. I am familiar with and accept the appointment as registered agen	e stated corporation at the place design t and agree to act in this capacity
	Se-	8/2/21
F	Required Signature/Registered Agent	Date
I submit this documen t to	is document and affirm that the facts stated herein are true. I am avorthe Department of State constitutes a third degree felony as provided	vare that any false information submit. d for in s.817.155, F.S.
		8/2/2/
R	Required Signature/Incorporator	Date