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COVER LETTER

Tallahassee, FL 32314

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TO: New Filing Section	. • • • • • • • • • • • • • • • • • • •
Division of Corporations	
SUBJECT: Calvin McDaniel, PA	
Name of Resulting Flori	da Profit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, entity into a "Florida Profit Corporation" in accordance with ss	
Please return all correspondence concerning this matter to:	
Calvin McDaniel	
Contact Person	_
Calvin McDaniel, PA	<u>्</u>
Firm/Company	- 21 - 31
5450 N Ocean Blvd., Apt# 23	621 kg i j
Address	
Lauderdale By The Sea, FL 33308	, <u>27</u> C
City, State and Zip Code	-
calvinmcdaniel@outlook.com	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
- •	,296-8639
	Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Fil and Certificate of and Certified Status	· ·
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327	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:
Calvin R McDaniel, 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-LLS, entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on November 17, 2017
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> : Calvin McDaniel, PA
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: 01/01/2022
(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.)
<u>Note:</u> 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 15 day of November						
Required Signature for Florida Profit Corporation:						
Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: Calvin McDaniel Title: President						
Required Signature(s) on behalf of Converting Flo companies: [See below for required signature(s).]	rida partnerships, limited partnerships,	and limited liability				
Signature:		_				
Printed Name: Calvin R McDaniel	Title: Managing Member	_				
Signature:		_				
Printed Name:	Title:	_				
Signature:		_				
Printed Name:	Title:	_				
Signature:		_				
Printed Name:	Title:	_				
Signature:						
Printed Name:	Title:	_				
Signature:		_				
Printed Name:	Title:	202				
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partn <u>ership:</u>	2621 NO. 19				
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:					
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		t				
All others: Signature of an authorized person.						
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)

ARTICLE The principa	## PRINCIPAL OFFICE al place of business/mailing address is:			
· ne pimeipa	Principal street address	Mailing add	lress if different is:	
rnncipal street address		Mailing address, if different is:		
5450 N	N Ocean Blvd., Apt #23			
Lauderd	ale By The Sea, FL 33308			
	III PURPOSE			
	e for which the corporation is organized is:	and Catalan Ament I faces	#CI 0404404	
————	nal Association for Calvin McDaniel, Re	ear Estate Agent License	#313401134	
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	IV SHARES 1			-n
The number	of shares of stock is:			-n
The number ARTICLE	of shares of stock is: V OFFICERS AND/OR DIRECTORS			* 10 PM 1: 61
The number ARTICLE	of shares of stock is: V OFFICERS AND/OR DIRECTORS Citle: Calvin McDaniel, President	Name and Title:		-n
The number ARTICLE Name and T	of shares of stock is: V OFFICERS AND/OR DIRECTORS	Name and Title: Address:		-r
The number ARTICLE Name and T	of shares of stock is: V OFFICERS AND/OR DIRECTORS Citle: Calvin McDaniel, President	Address:		-r -r -r
The number ARTICLE Name and T Address:	v OFFICERS AND/OR DIRECTORS Calvin McDaniel, President 5450 N Ocean Blvd, Apt #23	Address:		
The number ARTICLE Name and T Address: Name and T	v OFFICERS AND/OR DIRECTORS Calvin McDaniel, President 5450 N Ocean Blvd, Apt #23 Lauderdale By The Sea, FL 33308	Address: Name and Title:		
The number ARTICLE Name and T Address: Name and T	V OFFICERS AND/OR DIRECTORS Calvin McDaniel, President 5450 N Ocean Blvd, Apt #23 Lauderdale By The Sea, FL 33308 Citle:	Address: Name and Title:		
The number ARTICLE Name and T Address: Name and T Address:	V OFFICERS AND/OR DIRECTORS Title: Calvin McDaniel, President 5450 N Ocean Blvd, Apt #23 Lauderdale By The Sea, FL 33308	Address: Name and Title: Address:		
The number ARTICLE Name and T Address: Name and T Address:	V OFFICERS AND/OR DIRECTORS Calvin McDaniel, President 5450 N Ocean Blvd, Apt #23 Lauderdale By The Sea, FL 33308 Citle:	Address: Name and Title: Address: Name and Title:		

ARTICLE VI REGISTERED AGENT

The nam	e and Florida street address (P.O.	Box NOT acceptable) of the registered agent is:
Name:	Calvin McDaniel	

Address: 5450 N Ocean Blvd., Apt #23

Lauderdale By The Sea, FL 33308

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date