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CORPORATE ACCESS, _

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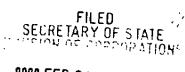
INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UI	P: <u>02/21/2022</u>
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	РНОТОСОРУ	
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xx	FILING	CONVERSION
1.	All Pro Design Build, Inc). T#)
2.	(CORPORATE NAME AND DOCUMEN'	Τ#)
3.	(CORPORATE NAME AND DOCUMEN	Τ#)
4.	(CORPORATE NAME AND DOCUMEN	T #)
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SPECIA INSTRU	IL UCTIONS:	

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation



2022 FEB 21 PM 4: 05 1

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202. Florida Statutes.

ALL PRO DESIGN BUILD, INC.
Enter Name of the Converting Entity
2. The converting entity is a For Profit 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 Colorado
(Enter state, or if a non-U.S. entity, the name of the country)
on 09/01/2010
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> ALL PRO DESIGN BUILD, 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.

Signed	this	17	day of	February	. 20_22	
<u>.Requir</u>	` red Sig	nature	for Florida Pr	ofit Corporation:		
Signati	ire of E	Director	, Officer, or, if I	Directors or Office	ers have not been selected, an Incorporator:	
		(I)				
Printed	l Name	KIR	STEN POTTI	ER Title: Directo	or, Executive Secretary, VP	
			(s) on behalf of low for required		ida partnerships, limited partnerships, ar	nd limited liability
				_		
			_		Title: Director, Executive Secretary, VP	
Signau	ure:		A			
Printed	l Name	Day	vid Potter		President, VCP	
Signati	ure:					
Printec	l Name	:		,	Title:	
Signati	ure:					
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Printec	l Name	:			Title:	
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Printec	l Name	:		-	Title:	
			Partnership or neral Partner.	Limited Liability	Partnership:	
			Partnership or Jeneral Partners		Limited Partnership:	
			Liability Composer or Authorized	any: d Representative.		
All oth Signati		in auth	orized person.			
Fees:		٠. ١٠			635.00	
	Fees t Certif	for Flo Ted Co	Conversion: rida Articles of I py: if Status:	ncorporation:	\$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)

of business/mailing address is: rincipal street address			
ringinal street address			
The fall Street data con-		Mailing address, if different is.	
H PL.			- -
I, FL 33991			_
PURPOSE Thich the corporation is organized is:			2022 FEB 21 PI
			PH 1: 05 1
			•
shares ares of stock is: 100			-
OFFICERS AND/OR DIRECTORS	Name and Title	DAVID POTTER, V	/CP
		DAVID POTTER, V 812 SW 8TH PL.	/CP
OFFICERS AND/OR DIRECTORS KIRSTEN POTTER, DVS	Name and Title Address:		_ —
OFFICERS AND/OR DIRECTORS KIRSTEN POTTER, DVS B12 SW 8TH PL.	Address:	812 SW 8TH PL.	991
OFFICERS AND/OR DIRECTORS KIRSTEN POTTER, DVS B12 SW 8TH PL. Cape Coral, FL 33991	Address:	812 SW 8TH PL. Cape Coral, FL 339	991
OFFICERS AND/OR DIRECTORS KIRSTEN POTTER, DVS B12 SW 8TH PL. Cape Coral, FL 33991	Address: Name and Title Address:	812 SW 8TH PL. Cape Coral, FL 339	991
	PURPOSE hich the corporation is organized is:	PURPOSE hich the corporation is organized is:	

ARTICLE VI	REGISTERED	AGENT

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

Name:

Registered Agents Inc.

Address:

7901 4th St N STE 300

St. Petersburg, FL 33702

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

Bel Home

01/17/2022

Required Signature/Registered Agent

Date

SECRETARY OF STATE STATE SECRETARY OF STATE ATTIONS SECRETARY OF STATE SECRETARY OF SECRETARY OF STATE SECRETARY OF SECRETARY