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| (Re | equestor's Name) | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | MAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Gem City Food and Beverage Distributors Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

| Lisa Scarangella | | | |
|--|--------------------------------|-------------|--|
| Contact Person | | | |
| | | | |
| Firm/Company | | | |
| 17388 Boca Club Blvd # | ² 205 | | |
| Address | | _ | |
| Boca Raton, FL 334 | 87 | | |
| City, State and Zip Code | | _ | |
| lisascaran@gmail.com | | | |
| E-mail address: (to be used for future annu | al report notific | cation) | |
| For further information concerning this matter, p | olease call: | | |
| Lisa Scarangella | at (954 | ,803 | 3-0409 |
| Name of Contact Person | \ | Code and | Daytime Telephone Number |
| Enclosed is a check for the following amount: | | | |
| ■ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of Status | □\$113.75 Fill and Certified € | _ | ☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status |
| Mailing Address: | | | Address: |
| New Filing Section Division of Corporations | | | filing Section on of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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: | | | |
|--|--|--|--|
| GEM CITY FOOD AND BEVERAGE DISTRIBUTORS INC. | | | |
| Enter Name of the Converting Entity | | | |
| S Corporation | | | |
| 2. The converting entity is a S Corporation (Enter entity type Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) | | | |
| Delaware | | | |
| first organized, formed or incorporated under the laws of | | | |
| on 01/04/2021 Free first organized formed or incorporated. | | | |
| on 01/04/2021 Enter date "Converting Entity" was first organized, formed or incorporated. | | | |
| 3 The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: GEM CITY FOOD AND BEVERAGE DISTRIBUTORS 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: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida (The effective date: Cannot be prior to nor more than 90 days after 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 20 day of January | 20 | | |
|---|--|--|--|
| Required Signature for Florida Profit Corporation | | | |
| Signature of Director, Officer, or, if Directors or Office | | | |
| Printed Name: Vincent Frisone Title Pre | sident | | |
| Required Signature(s) on behalf of Converting Flor companies: [See below for required signature(s).] | ida partnerships, limited partnerships, and limited travincy | | |
| Printed Name: Vincent Prisone | | | |
| Signature | Title | | |
| Printed Name | | | |
| Signature:Printed Name: | Title: | | |
| Signature. | Tista | | |
| Printed Name | | | |
| Signature: Printed Name | | | |
| Signature. | | | |
| Printed Name: | _ Title | | |
| If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner. | | | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners | <u>Limited Partnership:</u> | | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | | | |
| 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 I NAME
The name of the corporation shall be Gem City Food and Beverage Distributors Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is Principal street address Mailing address, if different is: 17388 Boca Club Blvd #205 Boca Raton, FL 33487 ARTICLE III PURPOSE The purpose for which the corporation is organized is The purpose of the Corporation is to engage in any lawful activity for which corporations may be organized under Florida General Corporation Law ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: Vincent Frisone, President Name and Title 17388 Boca Club Blvd #205 Address: Address Boca Raton, FL 33487 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title _____ Address. Address:

| ARTICLI The name | E VI REGISTERED AGENT and Florida street address (P.O. Box NOT | acceptable) of the registered agent 18 |
|---------------------------|---|---|
| Name | Maribel Plariza Miller | |
| Address | 17388 Boca Club Blvd #205 | |
| | Boca Raton, FL 33487 | |
| | | |
| ******* | | ******* |
| Having be this certifi | een named as registered agent to accept servicate, I am familiar with and accept the appo | vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity |
| | 1,4 W/16- | 01/20/22 |
| * U | Required Signature/Registered Agent | Date |

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