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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D. O'KEEFE JUN 15 2022

COVER LETTER

TO: **New Filing Section** Division of Corporation

MCDANIEL GROUP ENTERPRISES 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 corresp	ondence concerning this	s matter to:		
Aaron McDa	aniel			
Contact Person			-	
McDaniel G	roup Enterp	rises Inc	_	
	Firm/Company			
16736 123	Ter N		_	
	Address			
Jupiter, FL	33478			
	City, State and Zip Cod	e	•	
amac.dev.s	vcs@gmail.	com		
E-mail address: (t	o be used for future annu	ual report notifica	tion)	
For further information	concerning this matter,	please call:		
Debra Kline		at (407	,312	2-4882
Name of Co	ontact Person		ode and	l 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 Filin and Certified Co	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr				Address: Filing Section
New Filing Section Division of Corporations				on of Corporations
P.O. Box 632			-	entre of Tallahassee
Tallahassee, FL 32314				N. Monroe Street, Suite 810 assee, 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.

Signed this 29 day of APRIL	, ₂₀ 22			
Required Signature for Florida Profit Corporation				
Signature of Director, Officer, or, if Directors or Officer	eers have not been selected, an Incorporator:			
Printed Name: Aaron McDaniel Title: Pre	esident			
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]	rida partnerships, limited partnerships, ar	<u>ıd limited</u> .	<u>liabili</u>	<u>ity</u>
	Title: CEO			
Signature:				
Printed Name:				
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:		וארון פלוו	2022	
Printed Name:	Title:	AHA AHA	MAY	T
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	ART OF S	- AM	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	STATE LORIDA	A# 10: 13	ζ.
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				

\$35.00 \$70.00

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

Fees:

Articles of Conversion:
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)

ARTICLE I NAME The name of the corporation shall be: MCDANIEL GR	OUP ENTERPRISES INC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address	Mailing address, if diffe	rent is:
16736 123 TER N		
JUPITER, FL 33478		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any lawful business operation	ns.	
ARTICLE IV SHARES The number of shares of stock is: 100		2022 HAY I
ARTICLE V OFFICERS AND/OR DIRECTORS		SEX —
Name and Title: Aaron McDaniel, P	Name and Title:	AMIO: 13
Address: 16736 123 Ter N Jupiter, FL 33478	Address:	
Name and Title: David Doncourt, VP	Name and Title:	
Address: 4648 East Colt Court Inverness, FL 34452	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

ARTICLE VI	REGISTERED AGENT
	lorida street address (P.O. Box

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

Name:

Debra Kline

Address:

2470 Kathi Kim St

Cocoa, FL 32926

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

4/29/22 Date

2022 MAY I I AM IO: I