(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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#### COVER LETTER

TO: New Filing Section
Division of Corporations

# SUBJECT: Beck Insurance Solutions 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:

Michael Be	ck			
Contact Person		_		
Beck Insura	ance Solution	ns Inc.		
Firm/Company		_		
7362 Treas	ure Street			
Address		-	_	
Navarre, FL	32566			
	City, State and Zip Cod	e	<del></del>	
michael@beckin	surancesolutions	.com		
E-mail address: (t	o be used for future annu	ual report notifica	ation)	
For further information	concerning this matter.	please call:		
Michael Bed	ck	_at (541	,944	4-3256
Name of Co	ontact Person	Area C	ode and	I 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 Filir and Certified C		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr				Address:
New Filing Section		New Filing Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
rananassec, r	ta stoms/ET			assee, FL 32303

#### Articles of Conversion

For

## Converting Eligible Entity

Into

#### Florida Profit Corporation

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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Beck Insurance Solutions Inc.
Enter Name of the Converting Entity
2. The converting entity is a SCorp
(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 Oregon  (Finer state, or if a popul 1.5, entity, the name of the country)
(Enter state, or if a non-o.s. entry, the name of the country)
on 04/27/2009
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> Beck Insurance Solutions 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:  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State.)
Note: 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.

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\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

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)

The name of the corporation shall be: Beck Insurance Solutions Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Mailing address, if different is: Principal street address 7362 Treasure Street Navarre, FL 32566 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES
The number of shares of stock is: 1000 (500 / 500) ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: JoAnne Beck, Vice President Name and Title: Michael Beck, President 7362 Treasure Street 7362 Treasure Street Address: Address: Navarre, FL 32566 Navarre, FL 32566 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address:

-ARTICLE VI REGISTERED AGENT

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

Name:

Michael Beck

Address:

7362 Treasure Street

Navarre, FL 32566

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

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