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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Document Number)
Certified Copies	Certificates of Status
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Office Use Only

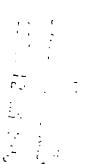


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		PICK UP:	MISTY 12/12
XX	CERTIFIĖD (	СОРУ	
	РНОТОСОРУ	·	
	CUS		
XX	FILING	CON	NVERSION
I	SHOMAS CO		
l.	SHOMAS CO. (CORPORATE NAME A	AND DOCUMENT #)	
2.	 		
	(CORPORATE NAME A	AND DOCUMENT #)	
3.			
	(CORPORATE NAME A	AND DOCUMENT #)	
l.	(CORDODATE NAME)	AND DOCK IN STATE III.	
	(CORPORATE NAME A	(ND DOCUMENT#)	
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	(CORPORATE NAME A	AND DOCUMENT #)	
PECIAI NSTRU	L CTIONS:		
	1		

## 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.

SHOMAS CO <sub>i</sub> .
Enter Name of the Converting Entity
2. The converting entity is a 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
(Enter state, or if a non-U.S. entity, the name of the country)
on 11/17/2016
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> SHOMAS CO.
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 Florida 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.



Signed this 8th day of December	<u>20</u> 22
Required Signature for Florida Profit Corporation:	
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incorporator;
Den n	
Printed Name: Sean Crowe Title: Secre	tary
Required Signature(s) on behalf of Converting Flori companies: [See below for required signature(s).]	da partnerships, limited partnerships, and limited liability
Signature: Jew	
Printed Name: Sean Crowe	
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
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)

The name of the co	rporation shall be: Shomas Co.			
ARTICLE II	PRINCIPAL OFFICE of business/mailing address is:			
Pi	rincipal street address		Mailing address, if different is:	
2212 S Chi	ckasaw Tr, Unit 2017	2212 S Chickasaw Tr, Unit 2017		
Orlando, FL 32825		Orlando, FL 32825		
The purpose for w	PURPOSE hich the corporation is organized is: lawful purpose		, <u>.</u>	
			, ,	
			· ·	
	!			
The number of shar	SHARES 1,000 OFFICERS AND/OR DIRECTORS			
	nomas Gorczynski - President, Director	Name and Title	Sean Crowe - Secretary. VP, Director	
Address:	10316 Villa Ln SW, Unit 2017	Address:	3053 N Humboldt St	
La	akewood, WA 98499		Denver, CO 80205	
Name and Title:	<u> </u>	Name and Title	:	
Address:	<del>- :</del>	Address:		
Name and Title:		Name and Title		
Address:		Address:		

<u>ARTICL</u> .	<u>E</u> 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	
*****	************	*********
		ice of process for the above stated corporation at the place designated is intment as registered agent and agree to act in this capacity
	Bel Home	12/8/2022
	Required Signature/Registered Agent	Date