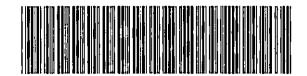
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 liming Officer,

Office Use Only



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SECRETARY OF STATE

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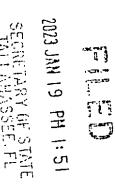
COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Blueway Construction Inc	
Name of Resulting Florida Pro	ofit Corporation
The enclosed Articles of Conversion, Articles of Incorporation, and fentity into a "Florida Profit Corporation" in accordance with ss. 607.	fees are submitted to convert the following eligible 11933 & 607.0202, F.S.
Please return all correspondence concerning this matter to:	
Patricia Lepore	
Contact Person	
Patricia Lepore, CB EA PA	
Firm/Company	
10201 SE 170th PI	
Address	
Summerfield, FI 34491	
City, State and Zip Code	
patricia@pl-accounting.com	
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, please call:	266_4562
Patricia Lepore at (352-)2 Name of Contact Person Area Code	and Daytime Telephone Number
Enclosed is a check for the following amount:	· ·
	T C122 50 Fillian Franc
☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of and Certified Copy Status	
	reet Address:
, ich i inig seens.	ew Filing Section ivision of Corporations
P.O. Box 6327	ne Centre of Tallahassee 근원 💺 🏗
	115 N. Monroe Street, Suite 810-1 allahassee, 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.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
Blueway Construction LLC
Enter Name of the Converting Entity
2. The converting entity is a LLC
(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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 3/21/2022
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> : Blueway Construction 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: 1/20/2023
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida
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 12	_{day of} January				
<u>Requir</u>	ed Signature	for Florida Profit Corporation:				
Ĭ.	mu	llins	ers have not been selected, an Incorporator:	:		
Printed	_{Name:} Nata	sha Mullins Title: VP				
compai	nies: 1See hel	ow for required signature(s).	ida partnerships, limited partnerships, a		ed liab	<u>oility</u>
Signatu	re.X	ll mule	Title: P	_		
Printed	Name: Jos	hua Mullins	Title: P	-		
Signatu	re:			_		
Printed	Name:		Title:	-		
Signatu	re:			_		
Printed	Name:		Title:	_		
Signatu	ıre:					
Printed	Name:		Title:	_		
Signatu	ıre:					
Printed	Name:		Title:	_		
Signatu	ıre:			_		
Printed	Name:		Title:	_		
<u>If Flor</u> Signatu	ida General F ire of one Gen	<mark>Partnership or Limited Liabilit</mark> eral Partner,	y Partnership:			
<u>If Flor</u> Signati	ida Limited F ires of <u>ALL</u> G	Partnership or Limited Liability eneral Partners.	v Limited Partnership:			
If Flor Signate	<u>ida Limited I</u> ire of a Memb	<u>liability Company:</u> er or Authorized Representative.				
All oth Signati	i <mark>ers:</mark> ire of an autho	orized person.		SECRE TALI	2023 JAN 19	natal
Fees:	Articles of C Fees for Flor Certified Co Certificate o	ida Articles of Incorporation: py:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	TARY OF ST	N 19 PH 1:	Section 2

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PRINCIPAL OFFICE place of business/mailing address is:		
the principal	Principal street address	Mailing ad	ldress, if different is:
8665 N	NW 10th Ave		
	FI 34475		
The purpose	for which the corporation is organized is: many and all lawful bu	ısiness in Flori	da.
ARTICLE The number of	IV SHARES 100 of shares of stock is:		
ARTICLE	V OFFICERS AND/OR DIRECTORS		
ARTICLE Name and T		Name and Title:	
ARTICLE	v officers and/or directors itle: Joshua Mullins, President	Name and Title:	
ARTICLE Name and T	v officers and/or directors itle: Joshua Mullins, President 8665 NW 10th Ave Ocala, Fl 34475 itle: Natasha Mullins, VicePresident	Name and Title:	
ARTICLE Name and T Address:	v officers AND/OR DIRECTORS itle: Joshua Mullins, President 8665 NW 10th Ave Ocala, FI 34475 itle: Natasha Mullins, VicePresident 8665 NW 10th Ave	Name and Title: Address: Name and Title:	
ARTICLE Name and T Address: Name and T	v officers and/or directors itle: Joshua Mullins, President 8665 NW 10th Ave Ocala, Fl 34475 itle: Natasha Mullins, VicePresident	Name and Title: Address: Name and Title:	2023 SEC TA
ARTICLE Name and T Address: Name and T Address:	v officers AND/OR DIRECTORS itle: Joshua Mullins, President 8665 NW 10th Ave Ocala, FI 34475 itle: Natasha Mullins, VicePresident 8665 NW 10th Ave	Name and Title: Address: Name and Title: Address:	2023 JAA SECRETALL

ARTICLE VI REGISTERED AGENT

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

Name:

Patricia Lepore, CB,EA

Address:

10201 SE 170th PI

Summerfield, FI 34491

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

01/12/2023

Date

SECRETARY OF STATE