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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: MOS Capital, 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:

William Moor	re				
	Contact Person	-			
MOS Capital	l, Inc.				
	Firm/Company				
2130 Oak Ha	ammock Dr.				
	Address	-			
Ponte Vedra	Beach, FL 32	2082			:
	City, State and Zip Cod	e e			1_
	scapital.com				(
E-mail address: (t	o be used for future annu	ual report notific	cation)		
For further information	concerning this matter.	please call:			
William Mooi	re	at (757	,222	2-3710	
Name of Co	ontact Person	\—	Code 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	□S113.75 Fill and Certified C		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addr				Address:	
New Filing Se Division of Co				iling Section	
P.O. Box 6327	•			on of Corporations entre of Tallahassee	
Tallahassee, F				V. Monroe Street, Suite 810	į
				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.

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Signed this 31st	_day of March	23	
Required Signature f	or Florida Profit Corporation	on:	
	Officer, or, if Directors or Off	ficers have not been selected, an Incorpo	orator:
		esident	
	on behalf of Converting Flow for required signature(s).	lorida partnerships, limited partnersh	ips, and limited liability
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	 _
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	2823 - F
Signature:			 , , `` ; }
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	<u></u>
If Florida General Pa Signature of one Gene	irtnership or Limited Liabil. ral Partner.	ity Partnership:	
If Florida Limited Pa Signatures of ALL Ge	rtnership or Limited Liabili neral Partners.	ity Limited Partnership:	
If Florida Limited Li. Signature of a Member	ability Company: or Authorized Representative	e.	
All others: Signature of an authori	zed person.		

Fees:

Articles of Conversion: \$35.00 \$70.00

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status: \$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 The name of th	NAME He corporation shall be: MOS Capita	al, Inc.		
			 	
ARTICLE II The principal p	PRINCIPAL OFFICE blace of business/mailing address is:			
	Principal street address		Mailing address, if different is:	
2130 O	ak Hammock Dr.			
Ponte V	edra Beach, FL 32082			
· ·	red Investment Advisor	(RIA)		
		14	,	1 2023
				p3 EPR
			1.	
		·-	(f) (f)	
ARTICLE IV	SHARES 5,000		F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
ARTICLE V	OFFICERS AND/OR DIRECTORS			
Name and Titl	William F Moore Ir President & Director	Name and Title	Sharon J. Hendrick, Direc	tor
Address:	2130 Oak Hammock Dr.	Address:	738 Baldwin Ave.	
	Ponte Vedra Beach, FL 32082		Norfolk, VA 23517	
Name and Title	e:	Name and Title	: <u> </u>	
Address:		Address:		
Name and Title	e:	Name and Title	:	
Address:		Address:		
				

ARTICL. The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:		
Name:	William F. Moore, Jr.			
Address:	2130 Oak Hammock Dr.			
	Ponte Vedra Beach, FL 32082			
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				
	afslow	03/31/2023		
	Required Signature/Registered Agent	Date		