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

Office Use Only

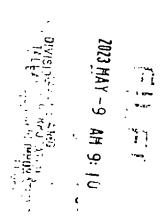
7,23,2000

T. SCOTT
MAY 1 1 2023



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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:
LeCompte Consulting Co.
Enter Name of the Converting Entity
2. The converting entity is a S-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 State of Georgia
(Enter state, or if a non-U.S. entity, the name of the country)
on 7MAY2020
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> LeCompte Biopharma Consulting 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: 10MAR2023
(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.

Signed	this 10 day of March	, ₂₀ 23				
Required Signature for Florida Profit Corporation:						
Signatu	re of Director, Officer, or, if Directors or Office	eers have not been selected, an Incorporator:				
Printed	Name: Michael LeCompte Title: Pres	sident				
compa	ed Signature(s) on behalf of Converting Flornies: [See below for required signature(s).]	rida partnerships, limited partnerships, and limited liab	ility			
Printed	Name: Michael LeCompte	Title: President				
	re:					
Printed	Name:	Title:				
Signatu	re:					
Printed	Name:	Title:				
Signatu	ire:					
Printed	Name:	Title:				
Signatu	re:					
Printed	Name:	Title:				
Signatu	ire:					
Printed	Name:	Title:				
	ida General Partnership or Limited Liability are of one General Partner.	y Partnership:				
	ida Limited Partnership or Limited Liability ares of <u>ALL</u> General Partners.	y Limited Partnership:				
	ida Limited Liability Company: are of a Member or Authorized Representative.					
All oth Signati	ers: are 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)

ARTICLE .	II PRINCIPAL OFFICE			
The principal	place of business/mailing address is:			
	Principal street address	Mailing address, if different is	Mailing address, if different is:	
62 Killarney Ave. St Johns, FL 32259		62 Killarney Ave. St Johns, FL 32259		
	for which the corporation is organized is	: piopharmaceutical and other life sciences in	duetria	
	engineering consultation for the t	nopharmaceutical and other the sciences in	Gustile	
			<u></u>	
			2023 HAY	
			HAY	
			9	
	 	- :,	Z	
ARTICLE The number	IV SHARES of stock is:	>*** 	<u>.</u> 9	
ARTICLE		PS A	 '	
	michael LeCompte - Compte - Co	- :J		
	62 Killarney Ave.	Name and Title:	···-	
Address:	St Johns, FL 32259	Address:		
	000000000000000000000000000000000000000			
	itle:	Name and Title:		
Name and T	•			
		Address:		
Address:				
Address:		Name and Title:		

ARTICLE The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is:
Name:	Michael LeCompte	
Address:	62 Killarney Ave.	
	St Johns FL, 32259	
	een named as registered agent to accept service of projecte, I am familiar with and accept the appointment i	**************************************
7	huld A26-2	10MAR2023
	Required Signature/Registered Agent	Date