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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of S	tatus
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Special Instructions to Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2023

SHARON BLOSSOM GATER GATER GROUT INC. 3530 RED PONTIAC DR. PORT ORANGE, FL 32129 US

SUBJECT: GATER GROUT INC. Ref. Number: W23000071904

We have received your document for GATER GROUT INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The number of shares of stock must be whole number 1,2,3...100 etc. But, it can not be '0'.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II

Letter Number: 223A00011431

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COVER LETTER

TO: New Filing Section Division of Corporations				
•	TINC			
SUBJECT: GATER GROU	ne of Resulting Florida Profit	Corporation	_	
14411	ie of Resulting Plorida Profit	Corporation		
The enclosed Articles of Conversion, Article entity into a "Florida Profit Corporation" in			the following el	igible
Please return all correspondence concernin	g this matter to:			
SHARON BLOSSOM				
Contact Person	n			
GATER/ROUT INC.				
Firm/Company	y			
3530 RED PONTIAC	DR.			
Address				
PORT ORANGE, FL	32129		2023 JUN 14	
City, State and Zip	Code		JUN JUN	1
MRJDGATER@GMA	AL.COM			177
E-mail address: (to be used for future	annual report notification)		A A A A A A A A A A A A A A A A A A A	
For further information concerning this ma	atter, please call:		E STA	*1+3+
SHARON BLOSSOM GATER	_{at (} 253)58	3-7843	37	
Name of Contact Person		d Daytime Telephone Nur	mber	
Enclosed is a check for the following amou	unt:			
□ \$105.00 Filing Fees □ \$113.75 Filing and Certificate of Status		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status		

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, 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: GATER GROUT 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 WASHINGTON
(Enter state, or if a non-U.S. entity, the name of the country)
_{on} JAN 27, 2021
Enter date "Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Enter Name of Florida Profit Corporation Enter Name of Florida Profit Corporation
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.

Signed	this 28th day of April	, 20 <u>23</u>		
Requir	red Signature for Florida Profit Corporation	<u>:</u>		
Signatu	JUNICATION OF Directors or Officer, or, if Di	ESIDENT	itor:	
Requir	red Signature(s) on behalf of Converting Flor	rida partnerships, limited partnership	s, and limited liabili	it
	nies: [See below for required signature(s).] ure:			
	Name: SHARON BLOSSOM GATE	R Title: VICE PRESIDENT		
Signati	ure:			
Printed	l Name:	Title:		
Signati	ure:			
Printed	l Name:	Title:		
Signati	ure:			
Printed	i Name:	Title:		
Signati	ure:			
Printed	l Name:	Title:	17. L.	
Signati	ure:		— 17. J.	1 2004 2004
Printed	l Name:	Title:	(A) T's	
	rida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership:	AM 5: 37	ببجا
	rida Limited Partnership or Limited Liability ures of <u>ALL</u> General Partners.	y Limited Partnership:		
	rida Limited Liability Company: ure of a Member or Authorized Representative.			
All oth Signati	ners: ure 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 I NAME The name of the corporation shall be: GATER GR	OUT INC.		
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:	Mailing address if different is:		
Principal street address Mailing address, if different is:			
3530 RED PONTIAC DR			
PORT ORANGE, FL 32129			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
COMMERCIAL PRECAST CONCRETE GROUTING, SLAI	B CAULKING, PRESSURE WASHING		
	2022		
	E SE		
ARTICLE IV SHARES The number of shares of stock is:	# 37 FL		
ARTICLE V OFFICERS AND/OR DIRECTORS			
Name and Title: JIM GATER, PRESIDENT	SHARON BLOSSOM GATER, VICE PESIDENT Name and Title:		
Address: 3530 RED PONTIAC DR	Address: 3530 RED PONTIAC DR		
PORT ORANGE, FL 32129	PORT ORANGE,FL 32129		
Name and Title:	Name and Title:		
Address:	Address:		
Name and Title:	Name and Title:		
Address:	Address:		

The name	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	SHARON BLOSSOM GATER	
Address:	3530 RED PONTIAC DR	
	PORT ORANGE, FL 32129	
******	************************	*****
	en named as registered agent to accept service of picate, I am familiar with and accept the appointment	
	(Sagon	April 28, 2023 Date
•	Required Signature/Registered Agent	' Date

ARTICLE VI REGISTERED AGENT

FILED
12023 JUNI 14 AM 5: 37
TALLAHASSEE, FL