## P23000067976

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| W 23000071085                           |

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SEGRETARY OF STATE



May 17, 2023

LARRY PORTER 14164 TRANQUILITY LN BROOKSVILLE, FL US

SUBJECT: SOLVIT INTERNATIONAL, INC.

Ref. Number: W23000071085

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

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 923A00011239

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## **COVER LETTER**

| TO: New Filing Section Division of Corporations  |                                    |                |   |               |                |  |
|--|------------------------------------|----------------|---|---------------|----------------|--|
| SUBJECT: SolvIT Internation  | nal Inc.                           |                |   |               |                |  |
|  | Resulting Florida I                | Profit Corpora | tion  |               |                |  |
| The enclosed Articles of Conversion, Articles of entity into a "Florida Profit Corporation" in according to the control of the |                                    |                |   | e follow      | ing eli        | gible  |
| Please return all correspondence concerning this   | matter to:                         |                |   |               |                |  |
| Larry Porter   |                                    |                |   |               |                |  |
| Contact Person   |                                    |                |   |               |                |  |
| SolvIT International, Inc  |                                    |                |   |               |                |  |
| Firm/Company   |                                    |                |   |               |                |  |
| 14164 Tranquility Lane   |                                    |                |   |               |                |  |
| Address  | <u> </u>                           |                |   |               |                |  |
| Brooksville, FL 34614  |                                    |                |   |               |                |  |
| City, State and Zip Code   |                                    |                |   |               |                |  |
| larry@solvit-internationa  | al.com                             |                |   |               |                |  |
| E-mail address: (to be used for future annu  | al report notificati               | on)            |   |               |                |  |
| For further information concerning this matter, p  | •                                  |                |   |               |                |  |
| Larry Porter   | _ar (                              | <u>510-36</u>  |   |               |                |  |
| Name of Contact Person   | Area Co                            | de and Daytin  | e Telephone Numb  | er            |                |  |
| Enclosed is a check for the following amount:  |                                    |                |   |               |                |  |
| □ \$105.00 Filing Fees □ \$113.75 Filing Fees and Certificate of Status  | □\$113.75 Filing and Certified Cop | y Certifi      | 2.50 Filing Fees,<br>ed Copy, and<br>cate of Status         | 8<br>45       | 2023 HAY       |  |
| Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314   | ]<br>1<br>2                        |                | ection<br>orporations<br>Tallahassee<br>roe Street, Suite 8 | NE WAY OF STA | HAY 17 AM 3: 2 | in the second se |

## 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:

SolvIT International, Inc.

| Enter Name of the Converting Entity   |
|---|
| 2. The converting entity is a C-Corp  |
| (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 Oregon  |
| (Enter state, or if a non-U.S. entity, the name of the country)   |
| <sub>on</sub> 05/14/2002  |
| Enter date "Converting Entity" was first organized, formed or incorporated.   |
| SolvIT International, 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: 02/01/2023   |
| (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. |
| 202<br>202  |

| Signed this 28                                       | _day of April  | , <sub>20</sub> <b>23</b>                     |             |                    |
|--|--|---|-------------|--------------------|
| Required Signature (                                 | for Florida Profit Corporatio                        |   |             |                    |
| Signature of Director,                               | Officer or, if Directors or Off                      | icers have not been selected, an Incorporator | <del></del> |                    |
| Printed Name: Larr                                   | ry PorterPr  | esident /CEO                                  |             |                    |
| companies: (See belo                                 | ow for required signature(s).]                       | orida partnerships, limited partnerships, :   |             | <u>l liability</u> |
| Signature:   | my Vis   | <del></del>                                   | _           |                    |
| Printed Name: La                                     | cry Porter   | Title: President C                            | ED          |                    |
| Signature:   |  | · · · · · · · · · · · · · · · · · · ·         | _           |                    |
| 4  |  | Title:  | <b></b> -   |                    |
| Signature:   |  | · · · · · · · · · · · · · · · · · · ·         | _           |                    |
| Printed Name:  |  | Title:  |             |                    |
| Signature:   |  |   |             |                    |
| Printed Name:  |  | Title:  | _           |                    |
| Signature:   |  |   | _           |                    |
| Printed Name:  |  | Title:  | _           |                    |
| Signature:   |  |   | _           |                    |
| Printed Name:  |  | Title:  |             |                    |
| If Florida General P<br>Signature of one Gene        | artnership or Limited Liabil<br>eral Partner.        | ity Partnership:                              |             |                    |
| If Florida Limited P.<br>Signatures of <u>ALL</u> Ge | artnership or Limited Liabili<br>eneral Partners.    | ty Limited Partnership:                       | ω <b>5</b>  | <u>:</u>           |
| <u>If Florida Limited L</u><br>Signature of a Membe  | iability Company:<br>er or Authorized Representative | e.  |             | 7072 MAY 17        |
| All others:<br>Signature of an author                | rized person.  |   | CO 11       |                    |

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees:

Articles of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the             | corporation shall be: SolvII Inte  | rnational      | Inc.                                  |
|-----------------------------|--|----------------|---------------------------------------|
| ARTICLE II The principal pl | PRINCIPAL OFFICE ace of business/mailing address is:                     |                |                                       |
| CalulThatassatiss           | Principal street address   |                | Mailing address, if different is:     |
| SolvIT International        | Franquility Ln.  |                |                                       |
|                             | ville, FL 34614  |                |                                       |
| <del>-</del> -              | T PURPOSE or which the corporation is organized is: and manufacturing er | ngineerin      | g services.                           |
|                             |  | ,              |                                       |
|                             |  |                |                                       |
| ARTICLE IV The number of    | SHARES shares of stock is:   |                | · · · · · · · · · · · · · · · · · · · |
| ARTICLE V                   | OFFICERS AND/OR DIRECTORS  |                |                                       |
| Name and Title              | · · · · · · · · · · · · · · · · · · ·                                    | Name and Title |                                       |
| Address:                    | 14164 Tranquility Ln.  | Address:       | 14164 Tranquility Ln.                 |
|                             | Brooksville, FL 34614  |                | Brooksville, FL 34614                 |
| Name and Title              | e:   | Name and Title | : <u>@</u>                            |
| Address:                    |  | Address:       | F8 8 3                                |
| Name and Title              | e:   | Name and Title |                                       |
| Address:                    |  | Address:       | 2                                     |
|                             |  |                |                                       |

ARTICLE VI REGISTERED AGENT

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

Name:

**Larry Porter** 

Address:

14164 Tranquility Ln.

Brooksville, FL 34614

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

04/28/2023

Date

SECREGARY OF STYLE