P24000005835

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

Office Use Only



200422275102

024 JAN 23 PH 1: 2

WECEIVED

B

?[.".

្មា

CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

Da	ate:	01/23/2024	- w: C > W
		Acc#I20160000072	- 4n: () - W
Name:	Conway Ara	bians Inc.	
Document #:			
Order #:	15291357 -	8	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified:	√	Email Address for Annual Report Notifications:
	Plain: COGS:		peter@conwayarabians.com
Availability Document Examiner Updater Verifier Ref#	:Amount: \$	113.75	

Thank you!

COVER LETTER

Division of Co				
SUBJECT:	LONWAY 1	JRABIANS	INC.	
	Name of	Resulting Florida Profit	Corporation	
The enclosed Articles entity into a "Florida F	of Conversion, Articles of Conversion, Articles of Profit Corporation, in according to the conversion of the conversion	of Incorporation, and fees cordance with ss. 607.119	are submitted to convert the following eligited 33 & 607.0202, F.S.	ole
Please return all corres	spondence concerning th	is matter to:		
Peter Co	MWCY Contact Person			
	Contact Person			
Conway Arab	oians Inc.			
	Firm/Company			
8894 N	W HWY 3	30		
Micalopy peter@conwaya				
E-mail address:	(to be used for future and	nual report notification)		
	n concerning this matter.	, please call:		
Name of C	Contact Person	_at () Area Code and	I Daytime Telephone Number	
Enclosed is a check fo	r the following amount:			
□ \$105.00 Filing Fee	s \$\ins\$\$\\$113.75 \text{ Filing Fees} and Certificate of Status	and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add New Filing S Division of C	Section Corporations	New I Divisi	Address: Filing Section on of Corporations	
P.O. Box 632	27	The C	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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:
Conway Arabians Inc.
Enter Name of the Converting Entity
2. The converting entity is a 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 MN
(Enter state, or if a non-U.S. entity, the name of the country)
on 02/10/1999
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> : Conway Arabians 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: (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida 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 3th day of January	2024
Requir	ed Signature for Florida Profit Corporation:	•
	are of Director, Officer, or, if Directors or Office	rs have not been selected, an Incorporator:
Printed	Name: Peter Convay Title: Pro	eside_t
compa	mes: See below/for required signature(s)-	da partnerships, limited partnerships, and limited liability
Signati	ire:	
Printed	Name: Peter Convay	Title: President
Signati	ire:/	
Printed	Name:	Title:
Signati	ıre:	
Printec	Name:	Title:
Signati	ire:	
Printed	Name:	Title:
Signati	ire:	
Printed	Name:	Title:
Signatu	ire:	
Printed	Name:	Title:
<u>If Flor</u> Signati	ida General Partnership or Limited Liability are of one General Partner.	Partnership:
<u>If Flor</u> Signatu	ida Limited Partnership or Limited Liability ires of ALL General Partners.	Limited Partnership:
<u>If Flor</u> Signati	ida Limited Liability Company: are of a Member or Authorized Representative.	
<u>All oth</u> Signatu	ers: ire 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 CORNEY A	cabians Inc
The name of the corporation shall be: Conway Ar	abians inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
8894 NW HIGHWAY 320	8894 NW HIGHWAY 320
MICANOPY, FL 32667-7734	MICANOPY, FL 32667-7734
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
The purpose for which the corporation is organized is.	
Breed, Raise, Train, Sell horses	
ARTICLE IV SHARES 100	
The number of shares of stock is:	
ARTICLE V OFFICERS AND/OR DIRECTOR	RS
ARTICLE V OFFICERS AND/OR DIRECTOR Peter Conway - President	lame and Title: Lori Conway - Vice President
Name and Title: Teter Conway - Tresident	lame and Title:
8894 NW HIGHWAY 320 Address: MICANORY EL 32007 7734	Address: 8894 NW HIGHWAY 320
MICANOPY, FL 32667-7734	MICANOPY, FL 32667-7734
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name and Title:	Name and Title:
Address:	Address:
Address:	
Name and Title:	Name and Title:
Address:	. 1001000
	_
Name and Title:	Name and Title:Address:

ARTICL. The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT a	able) of the registered agent is:
Name:	C T CORPORATION SYSTEM	
Address:	1200 South Pine Island Road Plantalion, Florida 33324	
******	***********	*****
		process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
Crima	Christine Kelm - Assi	01/09/2024 Secretary
	Required Signature/Registered Agent	Date