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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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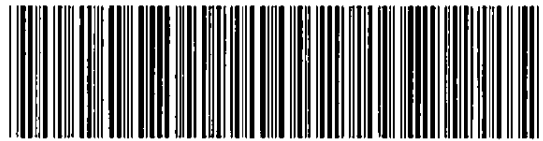
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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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:

SUNAR 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 **Wisconsin**
(Enter state, or if a non-U.S. entity, the name of the country)

on **06/12/2001**
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**:

SUNAR 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.

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Signed this _____ day of _____, 20____.

Required Signature for Florida Profit Corporation:

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

DocuSigned by:

Dean L. Ramsden

42E82B5579CB4A2

Printed Name: Dean L. Ramsden Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

DocuSigned by:

Signature: Dean L. Ramsden

42E82B5579CB4A2

Printed Name: Dean L. Ramsden Title: PTD

Signed by:

Signature: Kathleen A. Ramsden

68C06F1D82F341A

Printed Name: Kathleen A. Ramsden Title: VSD

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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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: SUNAR INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
<u>3225 McLeod Dr. Suite 100</u>	<u></u>
<u>Las Vegas, NV 89121</u>	<u></u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Asset Management

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Dean L. Ramsden, PTD
Address: 3225 McLeod Dr. Suite 100
Las Vegas, NV 89121

Name and Title: Kathleen A. Ramsden, VSD
Address: 3225 McLeod Dr. Suite 100
Las Vegas, NV 89121

Name and Title:
Address:

Name and Title:
Address:

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ARTICLE VI REGISTERED AGENT

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

Name: Anderson Registered Agents, Inc.

Address: 625 E. Twiggs Street, Suite 110
Tampa, FL 33602

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

08/20/2024

Date