

P24000075690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

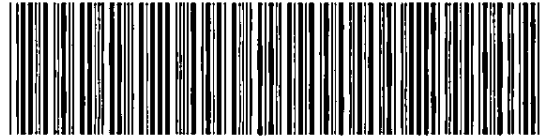
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

W24000154282  
12-16-24

Office Use Only



200439544922

11/13/24--01013--004 \*\*122.50

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2024 DEC 16 PM 10:52

STATE  
CLERK  
SELF-FILED



RECEIVED

2024 DEC 16 PM 4:44

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FL

November 18, 2024

OLA PATTERSSON  
12400 US HWY 19 N  
LOT 113  
CLEARWATER, FL 33764 US

SUBJECT: ALOMET TECHNOLOGIES INC.  
Ref. Number: W24000154282

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

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Monique K Anderson  
Regulatory Specialist II

Letter Number: 624A00025171

2024 DEC 16 PM 10:52

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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:

Alomet Technologies Inc.

Enter Name of the Converting Entity

2. The converting entity is a consulting in powder metal and manufacturing technologies  
(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 Alabama  
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/19/1999  
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**:

Alomet Technologies 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: date of filing.

(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.)

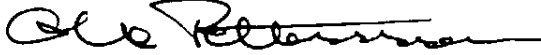
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TAMPA COUNTY CLERK  
TAMPA, FLORIDA

Signed this 8 day of November, 2024.

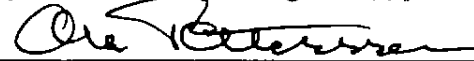
**Required Signature for Florida Profit Corporation:**

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



Printed Name: Ola Pettersson Title: President

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

Signature: 

Printed Name: Ola Pettersson Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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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2024 DEC 16 PM 10:52  
RECEIVED  
CLERK OF COURT  
JANUARY 1, 2025

**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: Alomet Technologies Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

12400 US Hwy 19 N, lot 113  
Clearwater FL 33764

12400 US Hwy 19 N, lot 113  
Clearwater FL 33764

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Consulting in powder material technologies and manufacturing of high tec componenets.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

**ARTICLE V    OFFICERS AND/OR DIRECTORS**

Name and Title: Ola Pettersson, president

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

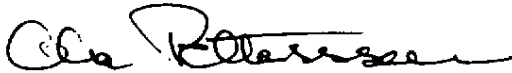
The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: OLA PETTERSSON

Address: 12400 US Hwy 19 N, Lot 113  
CLEARWATER, FL 33764

\*\*\*\*\*

*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

12/10-24

Date

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SECRETARY OF STATE  
TALLAHASSEE, FL