## P24000076387

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## **COVER LETTER**

TO: New Filing Sec Division of Co					
SUBJECT: Earvis	-				
SUBJECT:		Resulting Florid	a Profit	Corporation	
	of Conversion, Articles or rofit Corporation" in acc			are submitted to convert the following eligibles 33 & 607.0202, F.S.	e
Please return all corresp	pondence concerning thi	s matter to:			
Amy E. Stratt	on, Esq.				
	Contact Person		_		
Moonan Strat	tton				
	Firm/Company		~		
4 Richmond S	Square, Suite	150			
	Address		-		
Providence, F	RI 0290				
	City, State and Zip Cod	2	_		
astratton@mo	oonanstratton.	com			
E-mail address: (t	o be used for future annu	ual report notific	ation)		
For further information	concerning this matter,	please call:			
Amy E. Stratt	on, Esq.	<sub>at (</sub> 401	1	2-6300	
Name of Co	ontact Person	Area (	Code and	Daytime Telephone Number	
Enclosed is a check for	the following amount:				
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 Fili and Certified C	_	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Addr New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		New F Division The Co 2415 N	Certified Copy, and Certificate of Status  Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810: assee, FL 32303	77

## Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with 88, 607,11933 & 607,0202, Florida Statutes.



•		
Signed this 5th day of NINNOER	. 20 24	
Required Signature for Florida Profit Corporatio	<u>n:</u>	
Printed Name: MY MACL Title: PY  Required Signature(s) on behalf of Converting Florida.	resident	
companies: (See below for required Engineture(s).)		
Signature:	2.(	
Printed Name: MCNULL Y. AMYPOZ	President	_
Signature:		<del></del>
Printed Name:	Title:	<del>_</del>
Signature:		<del>_</del>
Printed Name:	Title:	_
Signature:		<del>_</del>
Printed Name:	Title:	<del>_</del>
Signature:		_
Printed Name:	Title:	_
Signature:		<u> </u>
Printed Name:	Title:	_
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		2024 D
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)	EC 19 AH 9:

## ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of	E I NAME of the corporation shall be: E()(\\\\)	1 Inc.	
ARTICLI	E II PRINCIPAL OFFICE	, , , , , , , ,	
The princip	pal place of business/mailing address is:		
	Principal street address		Mailing address, if different is:
371 P	alm 15 SÉ		
Cleary	vater, FL337127		
ARTICLE The purpos	E III PURPOSE se for which the corporation is organized is:		
ARTICLE The number	r of shares of stock is: 92.635		
ARTICLE			
Name and	Tille: Michael Avareuzzi, Presider	11 Name and Ti	ile: Amy Andreozi, Secretary
Address:	371 Palm 15 SE	Address:	371 Palm 15 SE
	Clearwater, FL 33767		Clearwater, FL 33767
Name and 1	rine: Michael Andrewzii, Trealin	Y Name and Ti	tle:
Address:	371 Palm 15 SE	Address:	
	Clearwater, FL 33767		
Name and T	Fitle:	Name and Tit	tle: 24 D
Address:		Address:	C
			7. 9. D

ARTICL! The name	EVI REGISTERED AGENT and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Michael Andreozzi
Address:	371 IS SÉ
	Clearwater, FL 33767
*******	************
Having be this certific	en named as registered agent to accept service of process for the above stated corporation at the place designated i Pate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
	Provinced Signature/Registered Agent
,	Required Signature/Registered Agent Date

FILED

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