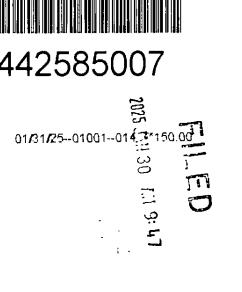
# DUXXX) 756

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

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#### CORPORATE

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236 East 6th Avenue. Tallahassee, Florida 32303

INC. P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-2666

#### **WALK IN**

	PICK U	P: 1/ <b>39</b> /25 GLINDA	
	CERTIFIED COPY		
ХХ	РНОТОСОРУ		2025
	CUS		
хх	FILING	CONVERSION	
l.	COLD SPRINGS ENTERE		- 5 - 5
2.			
	(CORPORATÉ NAMÉ AND DOCUM	ENT #)	
3.	(CORPORATE NAME AND DOCUM	(ENT #)	
<b>1</b> .	(CORPORATE NAME AND DOCUM	IENT #)	
5.			
	(CORPORATE NAME AND DOCUM	ENT#)	
6.	(CORPORATE NAME AND DOCUM	(ΕΝΤ #)	<u> </u>
SPECIAI	L INSTRUCTIONS:		

## 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 fitting of the Articles of Conversion is:
Cold Springs Enterprises LLC
Enter Name of the Converting Entity
2. The converting entity is a Limited Liability Company
(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 (Enter state, or if a non-U.S. entity; the name of the country)  December 30, 2024
Ou
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:
Cold Springs Enterprises 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 28th day of January	25	
Required Signature for Florida Profit Corporation:		
Signature of Director, Officer, or, if Directors or Office		SIGN HERE
Printed Name: William McGowan Title: Inc	corporator	
Required Signature(s) on behalf of Converting Flori companies: [See below for required signature(s).]	da partnerships, limited partnerships	, and limited liability
Signature:		SIGNHERE
Printed Name: William McGowan	Title: Authorized Membe	er
Signature:		_
Printed Name:	_ Title:	
Signature:	· •	
Printed Name:	_ Title:	F   L 2025 J./.\ 30
Signature:		
Printed Name:		9 0
Signature:		
Printed Name:	_ Title:	
Signature:		· · · · · · · · · · · · · · · · · · ·
Printed Name:	Title:	<u> </u>
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature 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 II PRINCIPAL OF	
The principal place of business/mailing	g address is:
Principal street addre	Mailing address, if different is:
180 Las Brisas Circle, Hypolux	o, FL 33462 SAME
ARTICLE III PURPOSE The purpose for which the corporation Any legal purpose	n is organized is:
7 try legal pulpose	<del>27</del>
	- *
	<u> </u>
	. 47
The number of shares of stock is.	0,000,000  OR DIRECTORS es/Sect/Treas/Director Name and Title:
The number of shares of stock is:  ARTICLE V OFFICERS AND Name and Title:  William McGowan - Pre 180 Las Brisas Circle, is	0,000,000  /OR DIRECTORS es/Sect/Treas/Director Name and Title: hypoluxo, FL 33462 Address:
The number of shares of stock is:  ARTICLE V OFFICERS AND  Name and Title:  William McGowan - Pre  180 Las Brisas Circle, is	O,000,000  OR DIRECTORS  es/Sect/Treas/Director Name and Title:  Address:  Name and Title:
The number of shares of stock is:  ARTICLE V OFFICERS AND  Name and Title:  William McGowan - Pre  180 Las Brisas Circle, is  Name and Title:	O,000,000  OR DIRECTORS  es/Sect/Treas/Director Name and Title:  Address:  Name and Title:  Address:

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

Name: William McGowan
Address: 180 Las Brisas Circle
Hypoluxo, FL 33462

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

1/28/2025

Date