

#P11000103594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

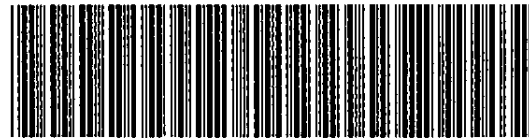
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400214342184

EFFECTIVE DATE
1-1-2012

11/21/11--01020--016 **103.00

12/06/11--01002--003 **2.00

FILED
11 DEC 5 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BAILY
EXAMINER
DEC 6 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2011

JOHN PAUL SOMERS & COMPANY LLC
36164 EMERALD COAST PKWY
SUITE 8
DESTIN, FL 32541

SUBJECT: JOHN PAUL SOMERS & COMPANY LLC
Ref. Number: L11000106139

We have received your document for JOHN PAUL SOMERS & COMPANY LLC and check(s) totaling \$103.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$2.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 911A00026511

EFFECTIVE DATE
1-1-2012

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
11 DEC *5 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

JOHN PAUL SOMERS AND COMPANY LLC L11000106139

Enter Name of Other Business Entity

2. The "Other Business 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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on SEPTEMBER 15, 2011

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

JOHN PAUL SOMERS AND COMPANY, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2012
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 17TH day of NOVEMBER, 20 11.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

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

Printed Name: JOHN PAUL SOMERS Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: _____

Printed Name: JOHN PAUL SOMERS Title: PRESIDENT, TREASURER

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:

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

EFFECTIVE DATE
1-1-2012

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: John Paul Somers and Company Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
36164 EMERALD COAST PKWY STE 8
DESTIN, FLORIDA 32541

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Sales & Leasing

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN PAUL SOMERS, PRESIDENT, TREASURER
Address: 36164 EMERALD COAST PKWY STE 8
DESTIN, FLORIDA 32541

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____
JOHN PAUL SOMERS

FILED
11 DEC * 5 AM '11: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: JOHN PAUL SOMERS
Address: 36164 EMERALD COAST PKWY STE 8
DESTIN, FL., 32541

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAP YOUR ACCOUNTING SERVICES INC
Address: 240 BUCK ROAD (P.O. BOX 1329)
SANTA ROSA BEACH, FL., 32459

ARTICLE VIII
EFFECTIVE DATE JANUARY 1, 2012

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

John Paul Somers
Required Signature/Registered Agent

11/17/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michelle Gatt
Required Signature/Incorporator

11/17/11
Date