

P17000043108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

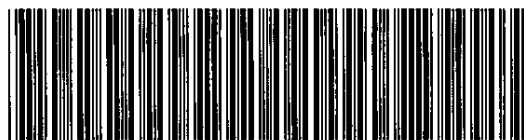
(Business Entity Name)

(Document Number)

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

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17 MAY 16 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2017

JENNIFER DEHART  
244 SE HERNANDO AVENUE  
LAKE CITY, FL 32025

SUBJECT: PROPERTY OPERATONS MANAGEMENT SPECIALTIES, INC.  
Ref. Number: W17000034160

We have received your document for PROPERTY OPERATONS MANAGEMENT SPECIALTIES, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Incorporator must sign.,

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 817A00007739



Property Operations Management Specialties, LLC.

May 9, 2017

RE: Property Operations Management Specialties, Inc.

Dear Kyle,

Per our discussion I jumped the gun and went ahead and paid online for the annual filing of the LLC, this is ok. I have enclosed a corrected cover letter with the accurate address and also the signed page of the Articles of Incorporation.

If there is anything that I may have missed, you can contact me at 386-344-6911.

Thank you for your time and help!

Sincerely,

A handwritten signature in black ink that reads 'Jennifer DeHart'.

Jennifer DeHart  
President

17 MAY 12 PM 1:16  
PROPERTY OPERATIONS MANAGEMENT SPECIALTIES, LLC

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Property Operations Management Specialties, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Jennifer DeHart  
Contact Person

Property Operations Management Specialties, Inc.  
Firm/Company

224 SE Hernando Avenue  
Address

Lake City, Florida 32025  
City, State and Zip Code

jenniferdehart@mgmtspecialties.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer DeHart at ( 386 ) 344-6911  
Name of Contact 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 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

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:

Property Operations Management Specialties, LLC          L15-71502    

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     April 17, 2015    

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**:

Property Operations Management Specialties, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date:     January 15, 2017    

**(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.)**

**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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TALLAHASSEE, FLORIDA

Signed this 14 day of April, 2017.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: Jennifer DeHart  
Printed Name: Jennifer DeHart Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Jennifer DeHart  
Printed Name: Jennifer DeHart 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:**

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

**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: Property Operations Management Specialties, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address  
244 SE Hernando Avenue  
Lake City, Florida 32025

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The management of real property  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 7,500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jennifer DeHart, President  
Address: 244 SE Hernando Avenue  
Lake City, Florida 32025

Name and Title: Tori Murray, Secretary  
Address: 244 SE Hernando Avenue  
Lake City, Florida 32025

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

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

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: Jennifer DeHart  
Address: 244 SE Hernando Avenue  
Lake City, Florida 32025

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jennifer DeHart  
Address: 244 SE Hernando Avenue  
Lake City, Florida 32025

\*\*\*\*\*

*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*

Jennifer DeHart  
Required Signature/Registered Agent

4/14/2017  
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.*

Jennifer DeHart  
Required Signature/Incorporator

4/14/17  
Date