L1300027711

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phon	e #) .
PICK-UP	☐ WAIT	MAIL MAIL
(Busin	ess Entity Nar	me)
. (Docur	ment Number)	· ·
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
ERIC CONFECT #5 DATE 100 EXAM	6 BYPKON 47- 1/22/13	

Office Use Only



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SECRETARY OF STATE
TANAL SEEL FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: //NOVATIVE	E Home REPA f Resulting Florida Limited	AIR SERVICES, LI d Company)	rc
The enclosed Certificate of Conversion, a "Other Business Entity" into a "Florida L	_		
Please return all correspondence concern	ing this matter to:		. "
ERIC MILLER (Contact Person)			
INNOVATIVE HOME REPAI (Firm/Company)	<u>r Services, inc</u>	C	
695 BRANSCOMB RE	>		
GREENCOVE SPRINGS, FO	<u> 22043</u>		,
ERIC @ INNOVATIVEREPA E-mail address: (to be used for future annual repo	ort notifications)		·
For further information concerning this n	natter, please call:		
ERIC MILLER (Name of Contact Person) Enclosed is a check for the following amount of the contact Person of th	•	838-2790 Daytime Telephone Number)	-
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status of Organization)	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	•
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registration Division of P. O. Box	f Corporations	



February 21, 2013

ERIC MILLER 695 BRANSCOMB ROAD GREENCOVE SPRINGS, FL 32043

SUBJECT: INNOVATIVE HOME REPAIR SERVICES, LLC

Ref. Number: W13000010677

We have received your document for INNOVATIVE HOME REPAIR SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

This document was received on 02/20/13.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 913A00004265

www.sunbiz.org

DA DAY GOOD DU

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of
Conversion is: INNOVATIVE HOME REPAIR SERVICES INC. P11-77.
THEORY OF THE POLICE OF THE PARTY OF THE PAR
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a S-CORPORATION (Enter entity type. Example: corporation, 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 8/2:/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 Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: 02, 20/3.
(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, 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.608.439. 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 day of	20
Signature of Mamber or Author	ized Representative of Limited Liability Company:
	e facts stated in this document are true. Any false information
constitutes a third degree felony a	
Signatura of Mamhan on Authoriza	ed Representative: Emi Miller
Printed Name: FRIC MI	LLER Title: PRESIDENT
Timed Hame.	
Signature(s) on behalf of Other B	usiness Entity: Individual(s) signing affirm(s) that the facts stated
this document are true. Any false s.817.155, F.S. See below for requ	information constitutes a third degree felony as provided for in
8.81 /.155, F.S. [See below for requ	nred signature(s).
Signature:	Title:
Printed Name:	Title:
Signature	·
Printed Name:	Title:
	•
Signature:	Title:
Printed Name:	Title:
Signature:	
Printed Name:	Title:
	•
Signature:	Title:
Timed Name.	Title.
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chair	man, Director, or Officer. en selected, an Incorporator must sign.
	en selected, an Incorporator must sign.
ICEL - de Comment De Manage Line	. Y !!4. J Y !. L !!!4. Th4
If Florida General Partnership or Signature of one General Partner.	· Limited Liability Partnership:
	Limited Liability Limited Partnership:
Signatures of ALL General Partner	S
All others:	
Signature of an authorized person.	
P	
Fees:	
Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organ	
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
GREENCOVE SPRINCY / FL32043 C SAME
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
ERIC MILLER
Florida street address (P.O. Box NOT acceptable) GREENCOVE SPRINGSFL 32043 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	•
"MGR" = Manager "MGRM" = Managir		
MANAGER	ERIC MILLER 695 BRANSCOMB RID GREENCOVE SPRINGS, FL 32	.e43
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	necessary)	A SECTION AND A
(Use attachment if n	necessary)	_
ICLE V: Effective d effective date: 1) car lorida Department	date, if other than the date of filing: <u>O2</u> , <u>PO</u> 13. (OPTIONAL) Innot be prior to nor more than 90 days after the date this document of State; <u>AND</u> 2) must be the same as the effective date listed in the same as the effective date.	•
ICLE V: Effective d effective date: 1) car lorida Department of	date, if other than the date of filing: <u>O2</u> , <u>PO</u> 13 (OPTIONAL) Innot be prior to nor more than 90 days after the date this document of State; <u>AND</u> 2) must be the same as the effective date listed in, if an effective date listed therein.)	•
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effective date: 1) care florida Department of ificate of Conversion DUIRED SIGNATUI Signature of the penalties of perjury	date, if other than the date of filing: <u>O2</u> , <u>PO</u> 13 (OPTIONAL) Innot be prior to nor more than 90 days after the date this document of State; <u>AND</u> 2) must be the same as the effective date listed in, if an effective date listed therein.)	in the attached affirmation under nitted in a