# P070008583

(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:				
DB				

Office Use Only



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### **COVER LETTER**

TO: Registration S Division of C						
SURJECT: South	ern Style Lawn (	Care of SW	FL, in	IC.		
Sobject		ng Florida Profit C				
	cate of Conversion, And isiness Entity" into a '					
Please return all corr	espondence concernin	g this matter to	:			
Joni L. Hallatt						
	(Contact Person)		<del></del>		TAL S	
Southern Style Lawn Care of SWFL				7 OC ECRE LAH	*	
	(Firm/Company)				TAR ASS	ر را ا
2173 W. Garde	nia, Cir.		_		07 OCT -1 PM 2: L SECRETARY OF STATE LLAHASSEE, FLORID	j
	(Address)				STA LOR	
N. Fort Myers, I	FL 33917		_	,	15. 10A	-
((	City, State and Zip Code)		<del></del>			
For further informati	on concerning this ma	tter, please call	:			
Joni Hallatt		at ( 239	567	7-0281		
(Name of Co	ntact Person)		e and Day	ytime Telephone Nu	mber)	
Enclosed is a check f	for the following amou	ınt:				
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filin and Certified Co		\$122.50 Filing I Certified Copy, an Certificate of Statu	nd	
STREET ADDRES	S:	МАП	L <b>ING</b> A	ADDRESS:		
Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	er Circle	Divisi P. O.	Box 632	Corporations		

## 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: Southern Style Lawn Care of SWFL (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a sole proprietorship 400215900146 (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, 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 August 3, 2006 (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 and 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 Incorporation: Southern Style Lawn Care of SWFL, Inc.

Page 1 of 2

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of Istherein.)	ore than 90 days after the da State; <u>AND</u> 2) must be the sa	ame as the					
Signed this 30 day of September							
Signature: Malla Lalla L							
Printed Name: Charles T. HallattTitle:	President						
·							
		07 OCT - 1 SECRETAR TALLAHASS					
Fees:		EF. FL					
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	PM 2: L7 OF STATE OF LORIDA					

#### 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:

### Southern Style Lawn Care of SWFL, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2173 W. Gardenia Cir. N. Fort Myers, FL 33917

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create shares and add officers

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE IV SHARES

The number of shares of stock is:

5000

#### ARTICLE V \_\_\_ INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Charles T. Hallatt 2173 W. Gardenia Cir. N. Fort Myers, FL 33917—President / Treasure Joni L. Hallatt 2173 W. Gardenia Cir. N. Fort Myers, FL 33917—Vice President / Secretary

#### ARTICLE VI REGISTERED AGENT

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

Joni L. Halfatt 2173 W. Gardenia Cir. N. Fort Myers. FL 33917

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

************	***********
Having been named as registered agent to accept service of proc designated in this certificate, I am familiar with and accept the appo- capacity	
Oni L. Hallatt	9/30/07
JONI L. HALLATT	Date
Signature/Incorporator	Date