# PBB20200999

| (Requ                       | uestor's Name) |             |
|-----------------------------|----------------|-------------|
| (Addr                       | ess)           |             |
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| (Cib.)                      | State/Zip/Phon | a #0        |
| (City/                      | State/Zip/Pnon | е #)        |
| PICK-UP                     | ☐ WAIT         | MAIL        |
| (Busin                      | ness Entity Na | me)         |
| (Edd)                       | 1000 Emily Wal |             |
| (Docu                       | ıment Number)  |             |
|                             |                |             |
| Certified Copies            | Certificate    | s of Status |
| ·                           |                |             |
| Special Instructions to Fil | ing Officer:   |             |
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08 JUN 23 AM 10: 29

DIVISION OF CONFORMINE

G. MCLEOD

JUN 2 4 2008

**EXAMINER** 

### **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32301

| SUBJECT: M                   | PAChiE BE                                      | 11 Moving +                                      | - DElivery                                                            |
|------------------------------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------|
|                              | (Name of Resulti                               | ng Florida Profit Corporatio                     | on) ,                                                                 |
|                              |                                                |                                                  | a, and fees are submitted to ation" in accordance with s.             |
| Please return all cor        | respondence concernir                          | ng this matter to:                               |                                                                       |
| MEACHIE                      | (Contact Person)                               | = / /                                            |                                                                       |
| MEACHE B                     | (Firm/Company)                                 | + DELIVERY                                       |                                                                       |
|                              | L REDGE RD (Address)                           |                                                  |                                                                       |
| Cleuman                      | f f 347/<br>City, State and Zip Code)          | <u>/</u>                                         |                                                                       |
| For further informat         | ion concerning this ma                         | tter, please call:                               |                                                                       |
| MEACHOE B                    | El/<br>ontact Person)                          | _at ( <u>32/</u> ) <u>2</u><br>(Area Code and Da | 99-557<br>ytime Telephone Number)                                     |
| Enclosed is a check          | for the following amou                         |                                                  | ,,,, ,                                                                |
| \$105.00 Filing Fees         | \$113.75 Filing Fees and Certificate of Status | \$113.75 Filing Fees and Certified Copy          | \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRES                | SS:                                            | MAILING A                                        | ADDRESS:                                                              |
| Registration Section         |                                                | Registration Section                             |                                                                       |
| Division of Corporations     |                                                | Division of Corporations                         |                                                                       |
| Clifton Building             |                                                | P. O. Box 6327                                   |                                                                       |
| 2661 Executive Center Circle |                                                | Tallahassee, FL 32314                            |                                                                       |

FILED SECRETARY OF STATES DIVISION OF CORPORATION

08 JUN 23 AM 10: 29

## Certificate of Conversion For "Other Business Entity"

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEACHIE BELL MOUING + DELIVERY  (Enter Name of Other Business Entity)                                                                                       |
| (Enter Name of Other Business Entity)                                                                                                                       |
| 2. The "Other Business Entity" is a <u>SO/E Propriee forship</u>                                                                                            |
| (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 Floriona                                                                                          |
| (Enter state, or if a non-U.S. entity, the name of the country)                                                                                             |
| on 06/1/2001                                                                                                                                                |
| (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 aws of which it is now organized, formed or incorporated: |
| N/A.                                                                                                                                                        |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation:                                                |
| MEACHE BEIL MOUING + DELIVERY  (Enter Name of Florida Profit Corneration)                                                                                   |
| (Enter Name of Florida Profit Corporation)                                                                                                                  |

Page 1 of 2

| 5. If not effective on the date of filing, enter the effective date:  (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.)                                                                                                                                                                                                                                       |  |  |  |  |  |
| Signed this day of Tune , 20 08.                                                                                                                                                                                                                |  |  |  |  |  |
| Signature:                                                                                                                                                                                                                                      |  |  |  |  |  |
| (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or                                                                                                                                                            |  |  |  |  |  |
| Officers have not been selected, an Incorporator.)                                                                                                                                                                                              |  |  |  |  |  |
| Printed Name: MEAChic BEUTitle: Tresident                                                                                                                                                                                                       |  |  |  |  |  |

### 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:

MEACHIE BELL MOVING + DELIVERY CO.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

436 SOUTH ROBE RD.

CHEAR MONT, FC 34711

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: mounts DELIVERY SELVICE

#### ARTICLE IV

The number of shares of stock is:

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

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

MEACHIE BEIL - PrESIDENT 436 SOUTH RIDGE RO

JACQUELYA L. BRADIEY-BELL-DIRECTOR

KAY/A SANDERS - DIRECTOR

400 ress FOR ALL ABOVE: 436 Southridge Road

Clermont, Fla. 34711

#### ARTICLE VI REGISTERED AGENT

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

MEACHIE JUNIOR BEHI MESCHE BEIL MOUNES +

DELIVERY

436 SOUTH RIDGE RU-

GERMONT, Pl 3471+

MEACHIE JUNIOR BOLL

436 Southredge Rand

Clarmont, FlA 34711

| ARTICLE VII                                   | INCORPORATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |             |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|
| The name and add                              | ress of the Incorporator is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |             |
| MEACHE                                        | B=11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |             |
| 436 500                                       | Hh RIDGE RD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |             |
| CLERM                                         | nont, El 347,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11      |             |
| *****                                         | *******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ******* | ******      |
| designated in this certificapacity  Signature | s registered agent to accept service icate, I am familiar with and accept place of the component of the comp |         |             |
| 5. <b>5</b>                                   | , , <b>,</b> , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | <del></del> |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |             |
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