(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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G. MCLEOD

OCT -6 2008

**EXAMINER** 

# **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT: Absolute Lawn Care Inc. (Name of Resulting Florida Profit Corporation)				
			a, and fees are submitted to ation" in accordance with s.	
Please return all cor	respondence concernir	ng this matter to:		
Marie Go	(Contact Person)			
Absolute 1	(Firm/Company)	[nc.		
670 E. A	(Address)			
Lake Alfred	/, F/- 33850 (City, State and Zip Code)			
•	(City, State and Zip Code)			
For further informat	ion concerning this ma	itter, please call:		
Marie Goff (Name of Co	ontact Person)	at ( <u>863</u> ) <u>93</u> (Area Code and Da	56- 1457 ytime Telephone Number)	
Enclosed is a check	for the following amou	ınt:		
□\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	MAILING A	ADDRESS:	
Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	Registration : Division of C P. O. Box 63 Tallahassee,	Corporations 27	

Tallahassee, FL 32301

OBOCT -3 PM 2: 27

# Certificate of Conversion For "Other Business Entity" Into

# 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:				
Absolute Lawn Care (Enter Name of Other Business Entity) (408242900045				
2. The "Other Business Entity" is a Sole otoptietorship (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 29, 2008 (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 <u>attached Articles of</u> Incorporation:				
Absolute Lawn Case, Inc. (Enter Name of Florida Profit Corporation)				
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 29 day of September	, 20 0 8.
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: * **Tuckay** Printed Name: Michael L. Goff II Title:	Officer, or, if Directors or Officers have not Chairman
Required Signature(s) on behalf of Other Business signature(s).]	s Entity: [See below for required
	Title: Chairman
Signature: Michael L. Goff I	Title: Vice Chairman
Signature: Marie A. Suff Printed Name: Marie A. Goff	Title: Secretary /treasurer
Signature:Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
<u>If Florida General Partnership or Limited Liabilit</u> Signature of one General Partner.	ty Partnership:
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$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:

Absolute Lawn Care, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

670 E. Alfred Dr.

Lake Alfred, Fl. 33850

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawn care service

#### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael L. Boff II chairman

Michael L. Goff I Vice chairman

Marie A. Goff Secretary/treasurer

#### ARTICLE VI REGISTERED AGENT

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

Michael L. Goff #

670 E. Alfred Or.

Lake Alfred, Fl. 33850

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	Michael L. Goff # 670 E. Alfred Or Lake Alfred, Fl. 33850
	**************************************
Signature/Registered Agent	9/29/08 Date 9/29/08
Signature/Incorporator	Date