## P09000012734

	1111
(Requestor's Name)	
(Address)	.   <b>   </b>
(Address)	.   '
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
FEB 1 0 2009	
EXAMINER	

Office Use Only



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## **COVER LETTER**

TO: Registration Section

Division of C	Corporations		
SUBJECT: Johns	on Application Se (Name of Resultin	ervices, Inc. ng Florida Profit Corporatio	nn)
			, and fees are submitted t tion" in accordance with
Please return all corr	respondence concernin	g this matter to:	
Lisa Johnson Lisicki	(Contact Person)		
Johnson Application S	Services, Inc. (Firm/Company)		
4840 Seascape Way	#305 (Address)		
Jacksonville, FL 3222	24 City, State and Zip Code)		
For further informat	ion concerning this ma	tter, please call:	
Lisa Johnson Lisicki		at ( 904 ) 379	-8489
(Name of Co	ontact Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check	for the following amou	ınt:	
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status		\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	Registration Division of CP. O. Box 63 Tallahassee,	Corporations 27

# 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:

Johnson Application Services, LLC
(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, 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 November 2, 2007
(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:
N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
Johnson Application Services, 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 4th day of February	. , 20_09
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director, Cheen selected, an Incorporator:  Printed Name: Lisa Johnson Lisicki  Title:	Officer, or, if Directors or Officers have not Ohnor Lucki President
Required Signature(s) on behalf of Other Business signature(s).	s Entity: [See below for required
Signature: Lisa Johnson Lisicki	Sicki Til Managing Mambar
Printed Name: Lisa Johnson Lisicki	Title: Managing Member
Signature:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:
Signatures of <u>ALL</u> 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 (Ontional)

#### 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:

Johnson Application Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4840 Seascape Way #305 Jacksonville, FL 32224

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

#### ARTICLE IV SHARES

The number of shares of stock is: 100

#### <u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

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

Lisa Johnson Lisicki, President 4840 Seascape Way #305 Jacksonville, FL 32224

#### ARTICLE VI REGISTERED AGENT

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

Lisa Johnson Lisicki 4840 Seascape Way, #305 Jacksonville, FL 32224 09 FEB -9 AH 8: 51

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Lisa Johnson Lisicki 4840 Seascape Way #305

Jacksonville, FL 32224 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 Signature/Incorporator 02/04/2009 Date 02/04/2009 Date