

PO9000103205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

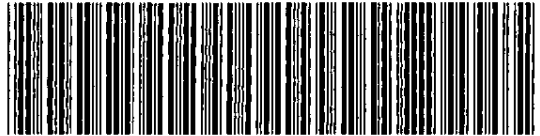
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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09 DEC 29 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

DEC 30 2009

EXAMINER

S. HAWKES

DEC 15 2009

EXAMINER

W109-54300



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2009

ANA ACOSTA  
5745 LOS PALMA VISTA DRIVE  
ORLANDO, FL 32837

SUBJECT: A & M MOVERS, LLC  
Ref. Number: W09000054360

We have received your document for A & M MOVERS, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 809A00038197

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A & M Movers, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Ana Acosta  
Contact Person

A & M Movers, LLC  
Firm/Company

5745 Los Palma Vista Drive  
Address

Orlando, FL 32837  
City, State and Zip Code

aandmmoversonline@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Acosta at (407) 244-6057  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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A & M Movers

5745 Los Palma Vista drive

Orlando. Fl 32837

407-244-6057 direct

407-816-4094 fax

Dear: Suzanne Hawkes

Latter Number: 809A00038197

Enclose the documents you send me. Hope is ok. Please call me at

My direct number is 407-244-6057 if you have any concern.

Thanks again for your help and support.

Have wonderful Holidays.

Sincerely,

Annie Acosta

A & M Movers

aandmmovers@gmail.com

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

09 DEC 29 AM 11:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

A & M MOVERS, 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, LOI-100652  
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 October 19, 2009  
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:

Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

A & M MOVERS, 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.)

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 950-245-6030 REGISTRATION SECTION

12/29/2009 16:04

PAGE 01/01

Signed this 11 day of December, 2009.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Ana Acosta Title: Chairman

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]  
 Printed Name: Ana Acosta Title: Chairman

Signature: [Signature]  
 Printed Name: Ana Acosta Title: Chairman

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL 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 (Optional)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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:

A & M MOVERS, Inc.

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5745 Los Palma Vista Drive  
ORLANDO, FL. 32837

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

MOVING GOODS AND SERVICES

**ARTICLE IV      SHARES**

The number of shares of stock is:

200

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

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

Michelle Hill  
562 Caliber Crest Pkwy #101  
Altamonte Springs, FL. 32714

(Director)

**ARTICLE VI      REGISTERED AGENT**

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

5745 Los Palma Vista Drive  
Orlando FL. 32837

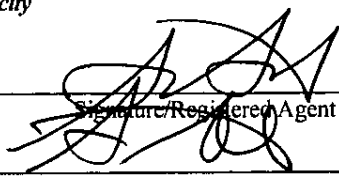
Ana Acosta

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Ana Acosta  
5745 Los Palma Vista Drive  
Orlando FL 32837

\*\*\*\*\*  
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/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

12/11/2009  
\_\_\_\_\_  
Date  
12/11/2009  
\_\_\_\_\_  
Date

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09 DEC 29 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA