## P10000000008

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L07-78061 (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W/- 1120
W' A. LUNT
· · · ·
MAR 11 2010
EXAMINER

Office Use Only



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2010 MAR 10 PM 3: 49
SECRETARY OF STATE



February 11, 2010

ANGI PALMIERI 1257 SPLENDID RAVINE ST. ST. AUGUSTINE, FL 32092

SUBJECT: ELITE AMENITIES INC. Ref. Number: W10000007120

We have received your document for ELITE AMENITIES INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The conversion needs a signature on behalf of the corporation.,

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) 245-6094.

Letter Number: 810A00003556

Agnes Lunt Regulatory Specialist II

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Elite Am Name of Resultir	nenities Inc.
The enclosed Certificate of Conversion, Ar	ticles of Incorporation, and fees are submitted to 'Florida Profit Corporation" in accordance with
Please return all correspondence concernin	g this matter to:
Angi Palmier Contact Person	<u> </u>
Elite Ameni-	ties .
1257 Splendid Rav	ine St.
St. Augustine FL. 3 City, State and Zip Code	2092
info@eliteame E-mail address: (to be used for future annual s	nities, com report notification)
For further information concerning this ma	tter, please call:
Angi Palmieri Name of Contact Person	at (904) 710.0172  Area Code and Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$105.00 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

# FILED

#### **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:
Elite Amenities LLC Enter Name of Other Business Entity
2. The "Other Business Entity" is a limited liability company, limited partnership, general partnership, common law or business trust, etc.)  first organized, formed or incorporated under the laws of Flocida Research (Enter state, or if a non-U.S. entity, the name of the country)  on August 1, 2007  Enter date "Other Business Entity" was first organized, formed or incorporated Research (Incorporated Research)  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 Incorporation:</u>
Elite Amenities Inc. Enter Name of Florida Profit Corporation
Emer Carlotte & Long 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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Signed this 2 day of MARCH	, 20
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director Cobeen selected, an Incorporator:  Printed Name: Acgela Palmiec Title:	President
Required Signature(s) on behalf of Other Business signature(s).]	
Signature: ANGLA PALMIETI	Title:Paes.
Signature:Printed Name:	_ Title:
Signature:Printed Name:	1
Signature:Printed Name:	Title:
Signature:Printed Name:	Title: PR 3:
Signature:Printed Name:	DE E
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	ty 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: 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)

The name of the corporation shall be:		
Elite Amenities Inc.	<b>~</b> 2	2:
		<b>T  </b>
ARTICLE II PRINCIPAL OFFICE	≥≥	F T
	<b>F</b> F	~ _
1257 Splendid Ravine Street	SS!	9
1257 Splendid Ravine Street St. Augustine, FLorida 32092	Mo	-0 TT
31. 7.0903)	<u> </u>	TICTU
ARTICLE III PURPOSE	OF STATE EE, FLORID!	PH 3: 49
The purpose for which the corporation is organized is:	DF	<b>1</b> 50
Any Lawful business	Þ	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The number of shares of stock is:	1	C11.41
4 CCI A PALMIERI HAS	. ST	SHARES
100 Madech 7 Mars and Mars		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
List name(s) address(es) and specific title(s):	nier	· 1
Angela Palmieri 1757 Splendid Ravine St. 1257 Splendid	Ray	ne St
Angela Falmier 1 1257 Splendid Ravine St. 1257 Splendid St. Augustine, Fl. 32092 St. Augustine, F	~) ¬-	- ~~
St. Augustine, FL 32092 St. Augustine, F	٠	209 (
President Vice-President	†	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
Angela Palmieri 1257 Splendid Ravine St.		
Angela latine St.		
175 / Spierraio (		
St. Augustine, FL. 32092		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Angela Palmieri		
1257 Splendid Ravine Street		
St. Augustine, FL. 32092		
***************************************	•	
Having been named as registered agent to accept service of process for the above stated corporati designated in this certificate, Lam familiar with and accept the appointment as registered agent and ag		
capacity	res so all	NED BREEKS
467 M2:	/	
1918m	10	
Signatur/Registered Agent Date	<del>,</del>	