

P100000368910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

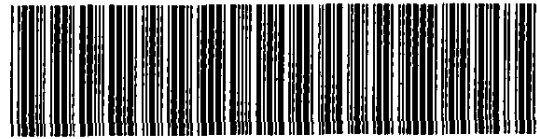
Special Instructions to Filing Officer:

**L. SELLERS**

APR 29 2010

**EXAMINER**

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10 APR 27 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOBILE HOME SERVICE & SUPPLY 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:

LINDA VREELAND

Contact Person

MOBILE HOME SERVICE & SUPPLY INC.

Firm/Company

PO BOX 1272

Address

JENSEN BEACH, FLORIDA 34958

City, State and Zip Code

nitroburn426@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA VREELAND

Name of Contact Person

at ( 772 )

692-4759  
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

**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:

MOBILE HOME SERVICE & SUPPLY LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(Enter entity type. Example: limited liability company, limited partnership,  
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 22, 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 **attached Articles of Incorporation:**

MOBILE HOME SERVICE & SUPPLY 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 21 day of APRIL, 20 10.

**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: LINDA VREELAND Title: INCORPORATOR / VICE PRES.

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

Signature: [Signature]  
Printed Name: STEVEN SONNER Title: MGR MEMBER

Signature: [Signature]  
Printed Name: LINDA VREELAND Title: MEMBER

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.

[Signature]

**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)

**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:

**MOBILE HOME SERVICE & SUPPLY INC.**

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1792 SE CANORA RD PORT ST LUCIE, FLORIDA 34952 - BUSINESS OFFICE ADDRESS  
PO BOX 1272 JENSEN BEACH, FLORIDA 34958 - BUSINESS MAILING ADDRESS

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**TO CONDUCT BUSINESS AS A PROFESSIONAL CORPORATION, UNDER THE LAWS OF THIS STATE & OUR COMPANY'S OPERATING AGREEMENT.**

**ARTICLE IV    SHARES**

The number of shares of stock is:

STEVEN SONNER    50%  
LINDA VREELAND    50%

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

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

STEVEN SONNER                      5467 SE CELESTIAL CIRCLE STUART FL 34997  
PRESIDENT / SECRETARY  
LINDA VREELAND                      1792 SE CANORA RD PT ST LUCIE FLORIDA 34952  
VICE PRESIDENT / TREASURER

**ARTICLE VI    REGISTERED AGENT**

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

LINDA VREELAND 1792 SE CANORA RD PT ST LUCIE FLORIDA 34952

**ARTICLE VII    INCORPORATOR**


The name and address of the Incorporator is:

LINDA VREELAND 1792 SE CANORA RD PT ST LUCIE FLORIDA 34952

\*\*\*\*\*

*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 famillar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

4/21/10

Date

4/21/10

Date

**FILED**  
10 APR 27 PM 12:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA