P110000024053

| (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: |
| |
| |
| WII-9072 |

Office Use Only



600194059136

02/14/11--01030--010 **122.50

TILED

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SCORETARY OF STATE

D. BRUCE

MAR 11 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2011

KENNETH H. MUSKELLY 12289 PEMBROKE ROAD #96 PEMBROKE PINES, FL 33025

SUBJECT: MUSKELLY'S GREASE GONE & HOODS SERVICES INC

Ref. Number: W11000009072

We have received your document for MUSKELLY'S GREASE GONE & HOODS SERVICES INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature required on behalf of the Corporation.,

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 411A00003916

11 MAR 10 PM 5: 13

COVER LETTER

| Division of C | Corporations | | | |
|------------------------|--|--|--|------------------|
| SUBJECT: Muske | lly's Grease Gone& | Hoods Services "LL | C" | |
| | Name of F | Resulting Florida Profit Co | rporation | _ |
| | The state of the s | - | n, and fees are submitted cordance with s. 607.11 | |
| Please return all corn | espondence concernin | g this matter to: | | |
| Mr.Kenneth H. Mu | ıskelly | | | |
| | Contact Person | | | · |
| Muskelly's Grea | se Gone& Hoods | Services Inc. | | |
| | Firm/Company | | | |
| 12289 Pembroke F | load #96 | | | |
| | Address | | | |
| Pembroke Pines I | Florida 33025 | | | |
| | City, State and Zip Code | | | |
| kenskully@aol.co | om be used for future annual r | report notification) | | |
| , | on concerning this ma | • | | |
| Kenneth H.Muskelly | / | at (786) 395 | 5 1966 | |
| Name of Cor | ntact Person | Area Code and Days | ime Telephone Number | AR A |
| Enclosed is a check | for the following amou | int: | | HAR 10 SECRETARY |
| □ \$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 | PH 5: |

STREET ADDRESS:

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

Registration Section

TO:

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 <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:

MUSKELLY'S GREASE GONE & HOODS SERVICES "LLC"

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited liability company \(\textstyle{LODDO130842} \) (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 \(\textstyle{Tallahassee} \), The capital (Enter state, or if a non-U.S. entity, the name of the country)

on \(\textstyle{December 23,2010} \)

Enter date "Other Business Entity" was first organized, formed or incorporated:

Signal of the laws of the laws of the state or country under the laws of th

MUSKELLY'S GREASE GONE & HOODS 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.)
- 6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.
- 7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

| | \$ - V / W | | | |
|---|---|-------------------|-------------------|---------|
| Signed this 9th day of February | , 20_11 | | | |
| Required Signature for Florida Profit Corporation Individual signing affirms that the facts stated in the athird degree felony as provided for in s.817.155, It | is document are true. Any false informa | ation co | nstitu | ites |
| Signature of Chairman, Vice Chairman, Director Conselected, an Incorporator: Printed Name: Kenneth H, Muskelly Title: | | | en | |
| Required Signature(s) on behalf of Other Business stated in this document are true. Any false informat s.817.155, F.S. [See below for required signature(s).] Signature: Printed Name: Genneth H. Muskells | ion constitutes a third degree felony as Sintie: <u>less/deat/MGRM</u> | provide | e facts ed for | s in |
| Signature: Printed Name: | | | | |
| Signature:Printed Name: | | , | | |
| Signature:Printed Name: | Title: | | | |
| | | | | |
| Signature: Printed Name: | _ Title: | | • | |
| Signature: Printed Name: | | | | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | | SECORE | 11 HAR | -1 |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | TARY OF ASSEE, I | = == | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | | F STATE FLORID | 5: 14 | D |
| All others: Signature of an authorized person. | • | B | | |
| 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)

| The name of the co | rporation shall be: MUSKELLY'S | GREASE GONE & HOOD | S SERVICES INC, |
|---|--|--|---|
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | Mailing addre | ss, if different is: |
| 12289 Pe | embroke Road #96 | | |
| Pembroke | Pines Florida 33025 | ************************************** | |
| 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | DITT DOG TO | | · · · · · · · · · · · · · · · · · · · |
| | PURPOSE | | |
| The purpose for w | hich the corporation is organized is: | | • |
| This corporation is a hood cla | vaning service that services restaurants, Hotals ,Hospitals acts. we cle | ean the exhaust systems kitchen hoods as well as install the hoods and | d replacing and cleaning the fitters over the ovens . |
| ARTICLE IV | SHARES | | |
| The number of shar | res of stock is: | | |
| | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIR | | |
| | tle: Kenneth H Muskelly President | Name and Title: | |
| Address: | 12879 sw 31ct | Address: | |
| | Miremer Florida 33027 | | |
| Name and Ti | tle | Name and Title: | |
| Address: | | Address: | _ |
| 1 todi ess. | -tt | | |
| | | | |
| N 1000 | .1 | 2. 1000 | |
| | tle: | Name and Title: | |
| Address: | | Address: | |
| | | Kenneth H. Muskelly | , |
| ARTICLE VI | REGISTERED AGENT | | |
| | rida street address (P.O. Box NOT acce | eptable) of the registered agent is: | 73 |
| Name: | Kenneth H.Muskelly | | |
| Address: | 12579 sw 31ct | | |
| | Miramar Florida 33027 | · | HAR CHET LAHA |
| ARTICLE VII | INCORPORATOR | | AR I |
| | lress of the Incorporator is: | | m _{eo} , po |
| Name: | Kenneth H. Muskelly | | 그 그의 모르니! |
| Address: | 12879 sw 31ct | | |
| | Minamar Florida 33027 | ************************************** | RA : |
| | | . / | ÇM 🐸 |
| Having been name | ed as registered agent to accept service of | of process for the above stated corporation | on at the place designated in |
| this certificate, I an | n familiar with and accept the appointm | ont as registered agent and agree to act in | this capacity |
| A/ | [/ | 1/0/01/ | |
| /4/2 / | ennell 10080 | 1 1/1/2011 | |
| Requi | red Signature/Registered Agent | / Date | |
| I submit this docum | ment and affirm that the facts stated he | erein are true. I am aware that any falso | e information submitted in a |
| | | ree felony as provided for in s.817.155, F | |
| | 11/1/100 | 2/0/1-11 | |
| // | 111 / // ///9 | -1/0//1-1/ | |