# #P11000029921

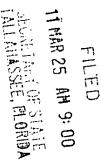
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Fittone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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K. SALY EXAMINER MAR 28 2011



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2011

SAMUEL STEVENS & ASSOCIATES, LLC WILLIAM HESLIN 2313 HIGHWAY 87 NAVARRE, FL 32566

SUBJECT: SAMUEL STEVENS & ASSOCIATES, LLC

Ref. Number: L09000012483

We have received your document for SAMUEL STEVENS & ASSOCIATES, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

ARTICLE VII of the articles of incorporation must list the INCORPORATOR and the incorporator must sign at the bottom of the page.

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) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 211A00006300

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: <u>Jamuel Tevens &amp; Cissocia Les, chic</u> .  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:			
William Heslin Contact Person			
Samuel Stevens & associates; eluc.			
2313 Highway 87 Address of			
NAVARE, FL 32566 City, State and Zip Code			
SAMUEL STEVENS LLC @ gmAil.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
William Heslin at (850) 217-1853			
Name of Contact Person Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount:			
□ \$105.00 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certified Copy Certificate of Status			
STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314			

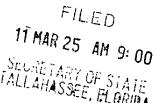
Tallahassee, FL 32301

### **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:
Samuel Stevens & associates LLC
Samuel Stevens & associates, LCC. #209000012483 Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>limited leability company</u> (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 <u>Hobruary</u> 6, 2009 Enter date "Other Business Entity" was first organized, formed or incorporated
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 <u>attached Articles of Incorporation:</u>
<u>Samuel Stevens &amp; Associates</u> , <u>olm.</u> 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.

• • •	•			
Signed this 8 day of March				
The first of the Court of the C				
Required Signature for Florida Profit Corporat				
Individual signing affirms that the facts stated in this document are true. Any false information constitutes				
a third degree felony as provided for in s.817.155, F.S.				
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been				
selected, an Incorporator:  Printed Name: Steven Dougherti/ Title: PRESIDENT				
Printed Name: Stayer - Days Lasty / Title	NO INCIDENTE			
Timed Name. Steven Dougletty Time.	F/12-010E/01			
	s Entity: Individual(s) signing affirm(s) that the facts			
stated in this document are true. Any false information	tion constitutes a third degree felony as provided for in			
s.817.155, F.S. [See below for required signature(s),	1			
Signature:				
Printed Name: Samuel A. Daughery	Title: Vice Describent			
, ,				
Signature:				
Signature: 70707	mid 6			
Printed Name: William F Histin 31	Ittle: 1 cccc+acy			
Signature:  Printed Name: W. II.am F Heslin 3.				
Printed Name: Steven C Dangton	_ Title:			
1, 0				
Signature:				
Printed Name:	Title:			
Signature:				
Signature: Printed Name:	Title			
Timod Italio.				
Signatura:				
Signature: Printed Name:	This.			
Printed Name:	1 Itle:			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit	y Limited Partnership:			
Signatures of ALL General Partners.				
<del></del>				
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:				
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: SAMUEL Stevens + Associates, luc
Principal street address  Orincipal street address  ANAVARRES FL 32566
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Real Estate   Residential Construction For Profit
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE IV SHARES  1,000,000 - 51 PAR SHARE  ARTICLE IV SHARES
Name and Title: Stevent Dougherty, PAG Name and Title:  Address: 6949 F. BAYO BLUD Address:  SULF BREEZE FL 32563
Name and Title: Samue ADougherty, VP Address: S857 Timberline Da Address:  Milton, FL 32570  Table 1 Address:
Name and Title: Ulliam Neslin Treasure Name and Title:  Address: 7049 Lago Mirron Drive Address:  NAVARRE E, FL 33566
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Steve C. Downlerty Address: 6242 1= Bay 1200d  Beegy FL 32566
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is;
Name: WILLAM ITESIN JR Address: 7049 LAGO MIRADA DR NAUNARE, PL 32566
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
3.7.201/
Required Signature/Registered Agent Date
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
3.21-2611
Required Signature/Incorporator  Date