# P110000 31858

(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:

L05-46625

A. LUNT

MAR-31 2010

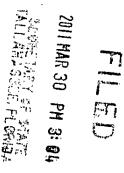
**EXAMINER** 

Office Use Only



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# **COVER LETTER**

an

TO:	Registration S Division of C			
SUBJ	ECT: JMKSE	ERVICES, INC.		
			Resulting Florida Profit Cor	poration
				, and fees are submitted to convert cordance with s. 607.1115, F.S.
Please	return all corr	espondence concernin	g this matter to:	
LAUR	EN BAGGE	RSON		
		Contact Person		
SPE	EDWAY BO	OKKEEPING SE	RVICE	
		Firm/Company	·····	
1575	AVIATION CT	R. PKWY. #507		
		Address		
DAYT	ONA BEACI	H, FL 32114		
	C	City, State and Zip Code		
JANE	T@JMKRE mail address: (to	ALTOR.COM be used for future annual r	eport notification)	
For fu	rther informati	on concerning this ma	tter, please call:	
LAUREN BAGGERSON		at ( 386 ) 258	-8789	
	Name of Con	tact Person	Area Code and Dayti	me Telephone Number
Enclos	sed is a check f	or the following amou	nt:	
<b>☑</b> \$10:	5.00 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		MAILING A Registration	Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, 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.

Conversion is:
Enter Name of Other Business Entity  2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
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, 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 05/10/2005
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>
JMKSERVICES, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 03/23/2011  (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

currently organized, formed or incorporated.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

conversion.

Signed this 23RD day of MARCH	, 20_11
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, leading the state of the state	is document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, Conselected, an Incorporator:  Printed Name: JANET M. KHOURI  Title:	
	<u>s Entity:</u> Individual(s) signing affirm(s) that the facts tion constitutes a third degree felony as provided for in
Signatura: Another Kharrel	
Signature: Ant M. Khoul  Printed Name: JANET M. KHOURI	Title: MS
	~
Signature:	_Title:
Printed Name:	Title:
Signature:Printed Name:	3 S F
Printed Name:	Title:
Timed idams.	- THE
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Cimentum	
Signature:Printed Name:	
Timed Name.	Title.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Face	
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)
Catutionia of Dinting.	voire (opnoiss)

r - + - •		OF INCORPORATION 607 and/or Chapter 621, F.S. (Profit)	2011 TALL
ARTICLE I N	AME		F T
The name of the corpo	pration shall be: JMKSEF	SVICES INC	R 30
		WICEO, INC.	
ARTICLE II P.	RINCIPAL OFFICE Principal street address	Mailing addre	ss, if different is:
45 BEAVER	R LAKE CIRCLE	Wathing addition	ss, ii dinerent is:
ORMOND BE	ACH, FL 32174		கு அ
·····			<i>₩</i> <del>₽</del>
ARTICLE III PI	TRPOSE the the corporation is organized is:		
ALL  ARTICLE IV S  The number of shares	HARES	BUSIN	IESS
ADTICI II VI II	I OO <u>VITIAL OFFICERS AND/OR DIR</u>	POTODS	
	JANET M. KHOURI, PRESIDENT	Name and Title:	
Address:		Address:	
	ORMOND BEACH, FL 32174		
	*****		
Nome and Title		Name and Title	
Address:		Name and Title:	
Addiess.		Addiess.	
Name and Table		N1	
Address:		Name and Title:	
Address:		Address:	
	***	JANET M. KHOUR	
	EGISTERED AGENT		
Name:	a street address (P.O. Box NOT acce)	ptable) of the registered agent is:	
Address:	45 BEAVER LAKE CIRCLE		
. 1241 455.	ORMOND BEACH, FL 32174		
		<del></del>	
	CORPORATOR		
	ss of the Incorporator is:		
Name: Address:	JANET M. KHOURI	*****	
Address:	45 BEAVER LAKE CIRCLE ORMOND BEACH, FL 32174	<del> </del>	
	0.0000000000000000000000000000000000000	<del></del>	
Having been named this certificate, I am f	as registered agent to accept service of amiliar with and accept the appointme	f process for the above stated corporation on tas registered agent and agree to act in	on at the place designated in this capacity
Annt	M. Khani	03/23/10	
/ Required	M. Klaui I Signature/Registered Agent	Date	
·			
		rein are true. I am aware that any falso ree felony as provided for in s.817.155, I	