

PII 0000 43745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

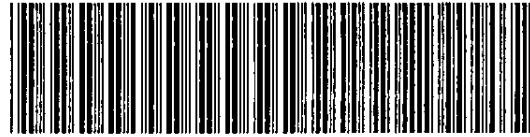
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2011 MAY -4 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY - 6 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUAREZ HOME SERVICES & REPAIR, 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:

CARLOS E. SUAREZ

Contact Person

SUAREZ HOME SERVICES & REPAIR, LLC

Firm/Company

1840 8TH ST NE

Address

NAPLES, FL. 34120

City, State and Zip Code

brenalex9794@hotmail.com

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

For further information concerning this matter, please call:

CARLOS E. SUAREZ

Name of Contact Person

at (239) 253-3473

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

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2011 MAY -4 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SUAREZ HOME SERVICES & REPAIR, LLC.

210-9534

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 USA

(Enter state, or if a non-U.S. entity, the name of the country)

on 1/26/2010

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 law of which it is now organized, formed or incorporated:

FLORIDA

2011 MAY -4 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

SUAREZ HOME SERVICES & REPAIR, 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.

Signed this 30 day of MARCH, 20 11.

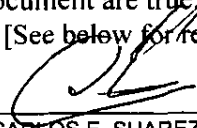
Required Signature for Florida Profit Corporation:

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: CARLOS E SUAREZ Title: PRESIDENT

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

Signature: 
Printed Name: CARLOS E. SUAREZ Title: MGRM

Signature: _____
Printed Name: BELKIS CASAS Title: MGRM

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.

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -4 AM 10:00

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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: **SUAREZ HOME SERVICES & REPAIR, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1840 8TH ST NE

NAPLES, FL. 34120

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS E. SUAREZ (PRESIDENT)

Address:

1840 8TH ST NE

NAPLES, FL. 34120

Name and Title:

Address:

Name and Title: MIGUEL A. PRADO (SECRETARY)

Address:

4425 19TH AVE SW

NAPLES, FL. 34116

Name and Title:

Address:

Name and Title: FRANKLIN HERNANDEZ RAMIREZ (SECRETARY)

Address:

1760 20TH AVE NE

NAPLES, FL. 34120

Name and Title:

Address:

CARLOS E. SUAREZ

ARTICLE VI REGISTERED AGENT

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

Name:

CARLOS E. SUAREZ

Address:

1840 8TH ST NE

NAPLES, FL. 34120

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

CARLOS E. SUAREZ

Address:

1840 8TH ST NE

NAPLES, FL. 34120

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

Required Signature/Registered Agent

3/30/11

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.

Required Signature/Incorporator

3/30/11

Date

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2011 MAY -4 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA