

P110000064707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

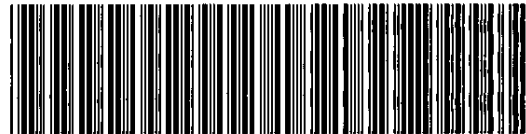
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11-33662

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/14/11--01002--004 **105.00

N. Cuffigan JUL 19 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA CITRUS SERVICES, 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:

TERESA HAMIL

Contact Person

Firm/Company

PO BOX 2833

Address

LABELLE, FL 33975

City, State and Zip Code

teresa.hamil@embargo.mail.com

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

For further information concerning this matter, please call:

TERESA HAMIL

Name of Contact Person

at (863) 673-0692

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2011

TERESA HAMIL
P.O. BOX 2833
LABELLE, FL 33975

SUBJECT: SOUTH FLORIDA CITRUS SERVICES, INC.
Ref. Number: W11000033662

We have received your document for SOUTH FLORIDA CITRUS SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$105.00.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 811A00015154

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
11 JUL 19 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SOUTH FLORIDA CITRUS SERVICES, LLC L11-60884
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 **MAY 23, 2011**
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**:
SOUTH FLORIDA CITRUS 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.)

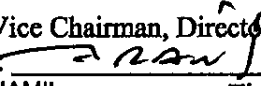
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 16TH day of JUNE, 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.

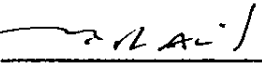
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator. 

Printed Name: TERESA HAMIL Title: INCORPORATOR

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: DAHARAM RAGOONANAN Title: MGRM

Signature: 
Printed Name: JONATHAN HAMIL Title: MGRM

Signature: 
Printed Name: TERESA HAMIL Title: MGR

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)

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: **SOUTH FLORIDA CITRUS SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4930 HWY 29 SOUTH
LABELLE, FL 33935

Mailing address, if different is:

PO BOX 2833
LABELLE, FL 33975

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CITRUS GROVE CARETAKING

ARTICLE IV SHARES

The number of shares of stock is: **5,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAHARAM RAGOONANAN - PRESIDENT

Address: PO BOX 2443

LABELLE, FL 33975

X Daharam Ragoonanan

Name and Title: _____

Address: _____

Name and Title: JONATHAN HAMIL - VICE PRESIDENT

Address: 2887 MARSHALL FIELD ROAD

LABELLE, FL 33935

X Jonathan Hamil

Name and Title: _____

Address: _____

Name and Title: TERESA HAMIL - SECRETARY

Address: 2887 MARSHALL FIELD ROAD

LABELLE, FL 33935

T. Hamil

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TERESA HAMIL

Address: 2887 MARSHALL FIELD ROAD

LABELLE, FL 33935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TERESA HAMIL

Address: 2887 MARSHALL FIELD ROAD

LABELLE, FL 33935

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

T. Hamil
Required Signature/Registered Agent

JUNE 16, 2011

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.

T. Hamil
Required Signature/Incorporator

JUNE 16, 2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA