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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: SPINELLI CONSTRUCTION COMPANY 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: THEODORE SPINELLI Contact Person SPINELLI CONSTRUCTION COMPANY Firm/Company 19385 WEST INDIES LANE Address **TEQUESTA FLORIDA 33469** City, State and Zip Code TED@SPINELLICONSTRUCTION.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THEODORE SPINELLI at (561) 262-0990 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: □\$113.75 Filing Fees **☑**\$122.50 Filing Fees, □ \$105.00 Filing Fees □\$113.75 Filing Fees and Certificate of and Certified Copy Certified Copy, and Status 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

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: SPINELLI CONSTRUCTION LLC 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 -2/10/2010 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 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: SPINELLI CONSTRUCTION COMPANY 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

Page 1 of 2

currently organized, formed or incorporated.

Signed this 21ST	day of AUGUST	, 20_11	
Individual signing a a third degree felon	y as provided for in s.81	ted in this document are true. Any false informa 17.155, F.S.	
selected, an Incorpo	rator:	rector, Officer, or, if Directors or Officers have	not been
Printed Name: THE	ODORE SPINELLI	Title: PRES	
stated in this docum s.817.155, F.S. [See	ent are true. Any false below for required sign	Business Entity: Individual(s) signing affirm(s) information constitutes a third degree felony as ature(s).] Title: MGR	
Printed Name: THE	DORE SPINELLI	Title: MGR	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature:Printed Name:		Title:	
Signature: Printed Name:		Title:	
Signature: Printed Name:		Title:	
If Florida General Signature of one General		Liability Partnership:	
If Florida Limited Signatures of ALL		Liability Limited Partnership:	
ICPlanta I imited	Liability Company		

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 \$70.00 Fees for Florida Articles of Incorporation:

Certified Copy: **\$8.75 (Optional)**

\$8.75 (Optional) Certificate of Status:

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	rporation shall be: SPINELLI (PRINCIPAL OFFICE		
RTICLE II	Principal street address	Mailing address,	if different is:
19385 W	EST INDIES LANE	Willing was 555,	
	A FLORIDA 33469		
RTICLE III			
• •	hich the corporation is organized is:		IFOO
AIN	Y LEGA	r Bn2II	1522
RTICLE IV	SHARES		
e number of shar	res of stock is: 100		
PTICI P 17	INITIAL OFFICERS AND/OR DIRE	TOPS	
	tie: THEODORE SPINELLI PRESIDENT	Name and Title:	
Address:	19385 WEST INDIES LANE	Address:	
Addiess.	TEQUESTA FLORIDA 33469	7,00,000	
Name and Ti	tle: THEODORE SPINELLI VICE PRESIDENT	Name and Title:	
Address:	19385 WEST INDIES LANE	Address:	
	TEQUESTA FLORIDA 33469		
			——————————————————————————————————————
	tie: THEODORE SPINELLI SECRETARY	Name and Title:	
Address:	19385 WEST INDIES LANE	Address:	
	TEQUESTA FLORIDA 33469		<u> </u>
			A 102
	REGISTERED AGENT	table) of the registered agent is:	AUG
Name:	rida street address (P.O. Box NOT accept	,	№ 73
Address:	19385 WEST INDIES LANE		G CC
Address.	TEQUESTA FLORIDA 33469		A R
			= Š
RTICLE VII	INCORPORATOR		∵ %:
e <u>name and ado</u>	dress of the Incorporator is:		F
Name:	THEODORE SPINELLI	·	S S S
Address:	19385 WEST INDIES LANE		
	TEQUESTA FLORIDA 33469		. "
wina hase new	ed as registered agent to accept service of	f neacess for the above stated cornoration	at the place designated i
ving veen num s oortificate. La	pfamiliar with and accept the appointmen	nt as registered agent and agree to act in t	his canacity
s cerujicuie, i ui	njanuna wan ana accept ine appoinanci 1	n to registered agent and agree to accim-	nis cupacity
0.0		8/21/2011	
Regu	ired Signature/Registered Agent	Date	
	ment and affirm that the facts stated her	ein are true. I am aware that any false i	information submitted in
ubmit this docu sument to fireA	epartment of State constitutes a third degr	ee jetony as proviaea jor in s.817.155, r.s	3 .
ubmit this docu cument to the A	epartment of State constitutes a third degr		3.
cument to five 1	epartment of State constitutes a third degree	8/21/2011 Date	5.