

P11000088393 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 10 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **Park Street Parcel Service, 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:

**Phyllis Shumate**

Contact Person

**Park Street Parcel Service, Inc.**

Firm/Company

**919 N.W. Park Street**

Address

**Okeechobee, FL 34972**

City, State and Zip Code

**phyllis\_s40@yahoo.com**

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

For further information concerning this matter, please call:

**Phyllis Shumate**

at ( **863** ) **357-2004**

Name of Contact Person

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

FILED  
11 OCT -7 AM 10:46  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

**Park Street Parcel Service, LLC**

L11000111088

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 **September 28, 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:**

**Park Street Parcel Service, Inc.**

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: **10/4/2011**  
(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 conversion.

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

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AM 10:46  
STATE  
TALLAHASSEE  
FLORIDA

Signed this 4th day of October, 2011.

**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: Phyllis Shumate

Printed Name: Phyllis Shumate Title: Vice 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: Phyllis Shumate

Printed Name: Phyllis A. Shumate Title: MGRM

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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: **Park Street Parcel Service, Inc.**

## ARTICLE II PRINCIPAL OFFICE

Principal street address

**919 N.W. Park Street  
Okeechobee, FL 34972**

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Parcel shipping/delivery**

## ARTICLE IV SHARES

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

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Carl E. Shumate President**  
Address: **914 N.W. 50th Drive  
Okeechobee, FL 34972**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Phyllis Shumate V. Pres.**  
Address: **914 N.W. 50th Drive  
Okeechobee, FL 34972**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: **Carl E. Shumate**  
Address: **914 N.W. 50th Drive  
Okeechobee, FL 34972**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Phyllis Shumate**  
Address: **914 N.W. 50th Drive  
Okeechobee, FL 34972**

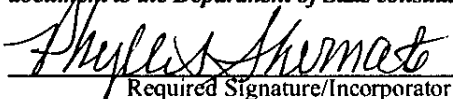
enter the effective date: **10/4/2011**

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

**10/4/2011**  
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.

  
Required Signature/Incorporator

**10/4/2011**  
Date