P12000010126

(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:				
)				
/				
W12000003089				
MOTO VOOD (

Office Use Only



400218231054

01/17/12--01041--017 **105.00

FILED

12 JAN 27 PH 4: 19

SEGNETARY OF STATE

D. BRUCE
JAN 3 0 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2012

DANIELLE COMBS PO BOX 135 SUMMERFIELD, FL 34492-0135

SUBJECT: DEAN'S INSTALLATION, INC.

Ref. Number: W12000003089

We have received your document for DEAN'S INSTALLATION, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 012A00001207



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dean's Installation, 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:

Danielle Combs			
	Contact Person		
Maxson			
	Firm/Company		
PO Box 135			
	Address		
Summerfield, Flor	ida 34492-0135		
700 % () () (Q	City, State and Zip Code		
maxsontaxprep@	aol.com be used for future annual r	eport notification)	·
	on concerning this ma	•	
Danielle Combs		at (352) 427-3373	
Name of Contact Person		Area Code and Daytime Telephone Number	
Enclosed is a check f	for the following amou	nt:	
☑ \$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 ADDRES	<u>S:</u>	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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:
Dean's Installation, LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited liability company 10000 3002 (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 4, 2009 Enter date "Other Business Entity" was first organized, formed or incorporated 2
Enter date "Other Business Entity" was first organized, formed or incorporated 2
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> :
Dean's Installation, 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.

i i		
Signed this 10 day of January	, 20_12	
Required Signature for Florida Profit Corpora	tion:	
Individual signing affirms that the facts stated in the	nis document are true. Any false informat	ion constitutes
a third degree felony as provided for in s.817.155,	F.S.	ion constitute.
Signature of Chairman, Vice Chairman, Director,	Officer, or, if Directors or Officers have n	ot been
selected, an Incorporator:	2	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
selected, an Incorporator: Printed Name: Dean Hazel Title:	President	
Required Signature(s) on behalf of Other Busines	s Entity: Individual(s) signing affirm(s) t	hat the facts
stated in this document are true. Any false informa		
s.817.155, F.S. [See below for/required signature(s)		
Signature: Printed Name: Dean Hazel		
Printed Name: Dean Hazel	Title: MMGR	
Signature:Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:		
Printed Name:	Title:	
Signature: Printed Name:		
Printed Name:	little:	
Cianotura		
Signature:Printed Name:	Tido	
Fillited Name:	r ttie:	
Signature:		
Signature: Printed Name:	Title:	
	1100.	
If Florida General Partnership or Limited Liabili	tv Partnership:	
Signature of one General Partner.		a *tay <u></u> .∎
	£	湯 る
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:	A S
Signatures of ALL General Partners.	· J.	
	ζή. rn:	77
If Florida Limited Liability Company:	ķi i _e	سرا من إ
Signature of a Member or Authorized Representative). . ha	
		f t
All others:	<u>ම්බ</u>	, <u> </u>
Signature of an authorized person.	,I#	
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)

ARTICIET	PRINCIPAL OFFICE	•	
11(11020) 11	Principal street address	Mailing add	ress, if different is:
13178 St	47th Avenue	PO Box 135	ress, ir different is.
	Florida 34420	Summerfield, Florida 34492	2-135
DOTOL PLAT	DUDDOGE		
The purpose for w	hich the corporation is organized is:		
parpose ter	non the corporation is organized is.		
RTICLE IV	SHARES		
he number of shar			
	100		
	INITIAL OFFICERS AND/OR DIR		
	tle:_Dean Hazel, President		
Address:		Address:	
	Belleview, Florida 34420		
			
Name and Ti	ile:	Name and Title:	
Address:			
V			
		-	
			···
Name and Ti	ele:	Name and Title:	
Address:		Address:	
			7 7
RTICLE VI	REGISTERED AGENT		
he <u>name and Flo</u>	ida street address (P.O. Box NOT accept	otable) of the registered agent is:	AHA M
Name:	Dean Hazel		ASE C
Address:	13178 SE 47th Avenue		923 T
	Belleview, Florida 34420		
	INCORPOR A MOR		
	INCORPORATOR ress of the Incorporator is:		54 t
			
Name: Address:	Dean Hazel		Çri vo
Address:	13178 SE 47th Avenue Belleview, Florida 34420	 	
	Postandar's sound marks		
aving been name	d as registered agent to accept service o	f process for the above stated cornoral	tion at the place designated
is certificate/ an	familiar with and accept the appointmen	nt as registered agent and agree to act	in this canacity
	1		cupucity
		01/10/2012	
			_
Requir	ed Signature/Registered Agent	Date	
uhmit this door	want and affirm that the feets stated be-	rain and true I am more that are Col	aa ludamuudlan ankusissistiis
aumant to the De	nent and affirm that the facts stated her	ein ure irue, i um uware inai any jai.	se injormation Suomittea IN EC
cuniciii io ine De	partment of State constitutes a third degr	ee jeiony as provided for in 8.81/.155,	F.J.
1	X	01/10/2012	
	d Signature/Incorporator		_
n '		Date	