P12000022002

(Requestor's Name)			
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Business Entity Name)			
(D	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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B. BOSTICK
MAR 6 2012
EXAMINER

COVER LETTER

TO:	Registration : Division of C				
SUBJ	ECT: Y KNO	T REMODEL, INC.			
			tesulting Florida Profit Corporation		
			rticles of Incorporation, and fees are submitted of the Corporation in accordance with s. 607.1		
Please	return all corr	espondence concernin	g this matter to:		
CHRI	STOPHER C	GUERRIERO			
		Contact Person			
		Firm/Company			
<u>131 C</u>	CEAN AIRE	TER. S Address			
ORM	OND BEACH				
		City, State and Zip Code			
elian E	e@cfl.rr.con -mail address: (to) be used for future annual r	eport notification)	72 T	٠.
For fu	rther informati	on concerning this ma	tter, please call:	AND	-
Eliane	e Moyses		at (386) 852 7147		
	Name of Cor	itact Person	Area Code and Daytime Telephone Number		۵ د در
Enclo	sed is a check t	for the following amou	unt:	FII 12: 58	
፟ \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	ID\$113.75 Filing Fees and Certified Copy Certified Copy, and Certificate of Status		
Regist Divisi Clifto 2661	tration Section on of Corporat n Building Executive Cent nassee, FL 323	ions er Circle	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 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.

Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Y KNOT REMODEL LLC LDH00004579 W
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_JUNE 16, 2004
On JUNE 16, 2004 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:
Y KNOT REMODEL TNC. Enter Name of Florida Profit Corporation
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 3rd	day of February	, 20_12			
Individual signing aff	for Florida Profit Corporati irms that the facts stated in thi as provided for in s.817.155, I	is document are true. Any false inform	nation c	onstit	utes
selected, an Incorpora	n, Vice Chairman, Director, O ator: TOPHER GUERRIERO Title:	Officer, or, if Directors or Officers have	e not be	een	
Required Signature(s stated in this documer s.817.155, F.S. [See b	a) on behalf of Other Business nt are true. Any false informat below for required signature(s).]	Entity: Individual(s) signing affirm(s ion constitutes a third degree felony a	- i) that the s provid	he fact	ts r in
Signature:		0.0			
Printed Name: Chr	is s Guerriero	Title: Officer	_		
Signatura: T	TE MCKOMI				
Printed Name: TO	AVE MCKOWN	Title: OFFICER	- -		
1	,				
		Title:	-		
Timed Name.	***		-		
Printed Name:		Title:	_		
Signature:					
Printed Name:		Title:	_		
o: .					
Signature: Printed Name:		Title:	-		
1 miles maile			-		
If Florida General Pa Signature of one Gene	artnership or Limited Liabilit ral Partner.	y Partnership:			
<u>If Florida Limited Pa</u>	rtnership or Limited Liabilit	y <u>Limited Partnership:</u>	•		
Signatures of ALL Ge	eneral Partners.		<u>ئے ج</u>	\sim	
If Florida Limited Li	ability Company:		A.F	ĦÃ	7)
	r or Authorized Representative.]*> (,7+ (,2) + +	1	titutiones d
A 10 -41			(3) (1) (3) (4)		استر استر
All others: Signature of an authori	ized nerson.		270	PH 12:	اسد و به ر
~- Dimens of mi madici	Lea person		NALE TOBID		المامون ، به
Fees:	•			9	
Certificate of		\$35.00	•		
	la Articles of Incorporation:	\$70.00			
Certified Copy Certificate of S		\$8.75 (Optional) \$8.75 (Optional)			
Cerunicate of	Jiaius.	φο. (Οριισιαι)			

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the corp	VAME POTATION Shall be: Y KNOT R	EMOD	EL. IN	C.
	PRINCIPAL OFFICE		— — ,	
121111111111111111111111111111111111111	Principal street address		Mailing address,	if different is:
131 OCEA	N AIRE TER. S.			,-
	EACH FL 32176			
ARTICLE III P				
The purpose for whi	ch the corporation is organized is:			
ARTICLE IV	Istruction SHARES - 100	ser	vic	es
ARTICLE V 1	NITIAL OFFICERS AND/OR DIRECTO	RS		
	CHRISTOPHER GUERRIERO - OFFICE		: CHRISTOPHER GUERI	RIERO - OFFICER
Address:	131 OCEAN AIRE TER. S DUIN & C	Address:	131 OCEAN AIRE TER.	
•	ORMOND BEACH FL 32176		ORMOND BEACH FL 32	2176
		_		
1 7 1 1 mm 1 . 1	DAVE MOVEMENT OF EIGHT	3.7 1007.1	5 A LET A 10 LA 10 LET	OFFICER
Name and Title	2222			OFFICER
Address:	6 JULIE DRIVE () W) W	Address:	6 JULIE DRIVE ORMOND BEACH FL 32	2170
	ORMOND BEACH FL 3276		ORMOND BEACH FL 32	:170
				
Name and Title	>•	Name and Title	D:	
Address:		Address:		
		_	Eliane Moyses	
ADMICI DIN D	POISTEDED AGENT			
	EGISTERED AGENT da street address (P.O. Box NOT acceptable)	of the registered ag	ont ic:	
Name:	Eliane Moyses	of the registered ago	tik is.	
Address:	103 Laurie Drive			
Addiças.	Ormond Beach FL 32176			
				ing ro
ARTICLE VII I	NCORPORATOR			
The name and addre	ess of the Incorporator is:			
Name:	EliANE MOUSES			CO TEN
Address:	103 LAURIE DRIVE	<u> </u>		- Wi
	ORMOND BEACH FL	32176		- 12 Fi
	as registered agent to accept service of proce familiar with and accept the appointment as re			
. بندالا	ula he	02 03 2012)	above.
	d Signature/Registered Agent			
Kequire	a Signature/Registered Agent	Date	e	
I submit this docum	ent and affirm that the facts stated herein ar	e true. I am aware	that any false in	formation submitted in a
	artment of State constitutes a third degree felo			
h	Λ	· · · · · · · · · · · · · · · · · ·		
Hica	a ulada	47.43	2012	
Required	Signature/Incorporator	Dat	2012.	



February 13, 2012

CHRISTOPHER GUERRIERO 131 OCEAN AIRE TER. S. ORMOND BEACH, FL 32176

SUBJECT: Y-KNOT REMODEL 'LLC'

Ref. Number: L04000045796

We have received your document for Y-KNOT REMODEL 'LLC' 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.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the titles of the officers and/or directors.

You must list at least one incorporator with a complete business street address.

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 912A00006422