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(Red	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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APR 1 6 2012 T. HAMPTON

COVER LETTER

то:	Registration S Division of C					
SUBJI	ECT: NATIVE	E LANDSCAPERS (CORP.			
-5 & 2502			esulting Florida	Profit Cor	poration	
					, and fees are submitted to convert a cordance with s. 607.1115, F.S.	1
Please	return all corre	espondence concerning	g this matter	to:		
MIKE	MENDEZ					
		Contact Person				
	 .	Firm/Company				
<u>PO BO</u>	OX 4036	Address				
		Address				
DELA	ND, FL 3272	1-4036				
	С	ity, State and Zip Code				
MME	NZ8413@A	TT.NET				
E-	mail address: (to	be used for future annual r	eport notification	on)		
For fur	rther information	on concerning this ma	tter, please ca	all:		
MIKE	MENDEZ		at (386) 216	-3220	
	Name of Con	tact Person		e and Dayti	me Telephone Number	
Enclos	sed is a check f	or the following amou	nt:			
□ \$105	5.00 Filing Fees	☑\$113.75 Filing Fees and Certificate of Status	■\$113.75 Fi and Certified	_	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				
ramana	assee, FL 3230) I				



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 APR 13 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 4, 2012

MIKE MENDEZ P O BOX 4036 DELAND, FL 32721-4036

SUBJECT: NATIVE LANDSCAPERS CORP

Ref. Number: W12000018873

We have received your document for NATIVE LANDSCAPERS CORP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the registered agent in Article VI.

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.

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 the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00011022

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 Conversion is:	of	
NATIVE LANDSCAPING LLC	12	S S
Enter Name of Other Business Entity	APR	SIONE
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.)	-3 AM 8: 18	TARY OF STATE
first organized, formed or incorporated under the laws of FLORIDA	æ	:
(Enter state, or if a non-U.S. entity, the name of the country) on MARCH 2, 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 which it is now organized, formed or incorporated:	ie lav	vs of
FLORIDA		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>	<u>)rati</u>	<u>on:</u>
NATIVE LANDSCAPERS CORP		
Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date: APRIL12, 2012 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document of State; AND 2) must be the same as the effective date I 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 conversion complies with such law(s) and the requirements of s 607 1115. F.S. in effecting the		

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

conversion.

currently organized, formed or incorporated.

Signed this _	30	day of	MARCH	, 20_12	
Required Sig	onatur	e for Florida	Profit Corporatio	n·	
				document are true. Any false inform	nation constitutes
•			for in s.817.155, F.	•	ation constitutes
Signature of selected, an I	Chairm ncorpo	ian, Vice Cha rator:	irman, D irector, Of	ficer, or, if Directors or Officers hav	e not been
Printed Name	e: <u>CAN</u> I	DELARIO GUT	IERREZ Title: P	RESIDENT	.
Required Sig	nature	(s) on behalf	of Other Business l	Entity: Individual(s) signing affirm(s	s) that the facts
s.817.155, F.	S. [See	below for req	uired signature(s).]	on constitutes a third degree felony a	•
Signature: _(be de	m - ()		Title: OWNER	_
Printed Name	CANDE	ELARIO GUTHER	REZ	Title: OWNER	_
Signature:					
Printed Name	:			Title:	_
Signature:					_
Printed Name	:		· 	Title:	_
Signature:					
Printed Name	:			Title:	-
			<u> </u>		_
Signature:					_
Printed Name	:			Title:	_
Signature:					
Printed Name	:			Title:	" -
If Florida Ge Signature of c			or Limited Liability	Partnership:	
If Florida Lin Signatures of				Limited Partnership:	
Signatures of	ALL C	ienerai Parine	rs.		<u>. 63</u>
If Florida Lin	mited I	Liability Com	ıpanv:		75 ₹
			zed Representative.		HPR
_			•		1 \$65\$ m
All others:					<u>ن</u> الم
Signature of a	ın autho	orized person.			로 설织이
_					⇔ 500
Fees:	•	0.00		•••	
Certif	neate of	f Conversion	•	\$35.00	

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees for Florida Articles of Incorporation:

Certified Copy:

Certificate of Status:

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME		
The name of the cor	poration shall be: NATIVE L	ANDSCAPERS	CORP
•	PRINCIPAL OFFICE	"1000/ " El (0	OO . (1
ARTICLE II	Principal street address	Mailing address, if dif	Yavant las
1130 9th	·	Maning address, if dif	ierent is:
DELAND, F	***************************************		· · · · · · · · · · · · · · · · · · ·
<u> </u>		·	
-			, -
ARTICLE III	PURPOSE		
The purpose for wh	nich the corporation is organized is:		
ANY	AND ALL LAV	NFUL BUSII	NESS
ARTICLE IV	SHARES		
The number of share			
	300		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		
	e: CANDELARIO GUTIERREZ - PRESIDENT		
Address:	1130 9th AVE.	Address:	
	DELAND, FL 32724		
		<u> </u>	
NI and Tria	d	Name and Title.	
	le:	Name and Title:	
Address:		Address:	
			.
Name and Tit	ile:	Name and Title:	
Address:			
			<u> </u>
			2
	REGISTERED AGENT		ECRE SION APR
	rida street address (P.O. Box NOT acceptable)		7 2 3 3 3 3 3 3 3 3 3 3
Name:	CANDELARIO GUTIETTEZ		ن الله الله الله الله الله الله الله الل
Address:	1130 9th AVE.	<u> </u>	<u>\$</u>
	DELAND, FL 32724	<u></u>	
ADTICLE UIL	INCORDORATOR		တ္ ညည
	INCORPORATOR ress of the Incorporator is:		
Name:	MIKE MENDEZ	Article VIII Effective Date	٠٠٠ <u>چي</u>
Address:	PO BOX 4036	Atticle vill Effective Date	;
Address.	DELAND, FL 32721-4036		
	DEE: (10, 12 02) 2 1-1000	April 12, 2012	
Having been name	d as registered agent to accept service of proc	ess for the above stated corporation at th	e place designated in
	n familiar with and accept the appointment as i		
10 11	0-4		•
(in of their	91/-	03/30/2012	
Paguin	red Signature/Registered Agent	Date	
Kequii	red Signature/Registered Agent	Date	
I submit this docum	ment and affirm that the facts stated herein a	re true. I am aware that any false inform	nation submitted in a
	partment of State constitutes a third degree fel		
(1118)			
WHAT A	Coll College	03/30/12	
Require	ed Signature/Incorporator	Date	
Kequit	- Statute Heorporator	Date	