# P13000001469

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(Requestor's Name)
(Address)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submoss Enary Numb)
(Document Number)
Certified Copies Certificates of Status
•
Consist trackwalking to Filling Officers
Special Instructions to Filing Officer:
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EFFECTIVE DATE 01-01-13

FILED

12 DEC 31 PH 3: 15

SECRETARY OF STATE
AND A HASSEF FOR THE PROPERTY OF STATE

TALL A HASSEF FOR THE PROPERTY OF STATE

B. BOSTICK

JAN - 4 2013

EXAMINER

Registration Section TO: Division of Corporations

Tallahassee, FL 32301

SUBJECT: PAMPERED YARDS 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:

DAVID RODRIGU	ES, CPA	,			
	Contact Person		•		
DAVID RODRIG	GUES, CPA, PA				
	Firm/Company		•		
101 N MISSOURI A	AVE				
	Address				ALL
CLEARWATER, F	L 33755				ALLAMASSEE, FLONION
C	City, State and Zip Code				3000
drodrigues123@	yahoo.com				-
E-mail address: (to	be used for future annual r	report notification)			Š
For further informati	on concerning this ma	tter, please call:			5
DAVID RODRIGUE	S, CPA	at ( 727	) 439-	-0089	
Name of Cor	tact Person		Dayti	me Telephone Number	
Enclosed is a check t	for the following amou	int:			
\$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 Filing and Certified Cop		\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRES	<u>S:</u>	MAILI	NG A	ADDRESS:	
Registration Section		Registra			
Division of Corporat	ions			orporations	
Clifton Building		P. O. Be	ox 632	27	
2661 Executive Cent	er Circle	Tallaha	ssee, F	FL 32314	

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 p Conversion is:	-	
PAMPERED YARDS LLC	Lo6000019711	
Enter Name of Other Bu	siness Entity	
2. The "Other Business Entity" is a LIMITED LIABILITY (Enter entity type. Example: limited liabili	ty company, limited partnership,	
general partnership, common law	or business trust, etc.)	_•
first organized, formed or incorporated under the laws of <u>F</u> (Enter state, or if a non-U.S. entity,		12 DEC 31
(Enter state, or it a non-ols, entity,	AS	C 3
on 02/23/2006		- <u>r</u>
Enter date "Other Business Entity" was first of	organized, formed or incorporated $\stackrel{\square}{=}$	EC 31 PM
3. If the jurisdiction of the "Other Business Entity" was chewhich it is now organized, formed or incorporated:		(.)
4. The name of the Florida Profit Corporation as set forth i	n the attached Articles of Incorpora	tion:
PAMPERED YARDS INC		
Enter Name of Florida Pro	fit Corporation	
5. If not effective on the date of filing, enter the effective of (The effective date: 1) cannot be prior to nor more than filed by the Florida Department of State; AND 2) must attached Articles of Incorporation, if an effective date is	n 90 days after the date this docume be the same as the effective date list	nt is ed in the
6. The conversion is permitted by the applicable law(s) gov conversion complies with such law(s) and the requirements	<u> </u>	ie

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

Page 1 of 2

conversion.

currently organized, formed or incorporated.

Signed this 11	th day of December	. 20_12			
Individual sig	gnature for Florida Profit Corporate spring affirms that the facts stated in the felony as provided for in s.817.155,	is document are true. Any false info	rmation	consti	itutes
Signature of C selected, an Ir Printed Name	Chairman, Vice Chairman, Director, ncorporator:  Pfeiffer, John	Officer, or, if Directors or Officers ha	ive not	been	
stated in this e s.817.155, F.S	nature(s) on behalf of Other Business document are true. Any false informa S. [See below for required signature(s).	tion constitutes a third degree felony	as prov	the fa ided f	cts or in
Printed Name	John 1. Pleffer- Pfeiffer, John	Title: Managing Member			
	:				
Signature: Printed Name:	:	Title:			
Signature: Printed Name		Title:	SECH TALLA	12 [	
Signature: Printed Name	:	Title:		12 DEC 31	
Signature: Printed Name	·	Title:	OF STATE	PH 3: 15	ED
	e <mark>neral Partnership or Limited Liabili</mark> one General Partner.	ty Partnership:	TEADA	15	
	mited Partnership or Limited Liabili ALL General Partners.	ty Limited Partnership:			
	mited Liability Company:  Member or Authorized Representative	e.			
All others: Signature of a	ın authorized person.				
Fees t Certif	Ticate of Conversion: for Florida Articles of Incorporation: fied Copy: ficate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

ARTICLE II 1				
	PRINCIPAL OFFICE Principal street address		Mailing adduces	if different in
500 N Wal	• ———		Mailing address,	ii diriereni is:
	gs, FL 34689			
ARTICLE III P	Impose			A SE 12
	ch the corporation is organized is:			CREE BE T
the purpose for will	en the corporation is organized is.			
				ASS
Any and all lawfu	business			ত্রে ≺
ARTICLE IV S	CHARES			
The number of share:				<u> 고</u> 속 —
				Bu o
	NITIAL OFFICERS AND/OR DIRECT			
Name and Title Address:				
Address.	500 N Walton Ave Tarpon Springs, FL 34689	Address:		
	approprings - E 04000			
Name and Title	2:	Name and Title	e:	
Address:		Address:		
Name and Title	3:		e:	
Address:		Address:		
			Dio Has Jaha	
			France, Julia	
ARTICLE VI R	EGISTERED AGENT			
	da street address (P.O. Box NOT acceptable	) of the registered age	ent is:	
Name:	Pfeiffer, John 500 N Walton Ave	<del></del>		
Address:	SOUN Water Ave Yarpon Springs, FL 34689			
	Tarpon Springs, FL 34669			
ARTICLE VII I				
	NCORPORATOR ess of the Incorporator is:			
The <u>name and addro</u> Name:				
The name and addre	ess of the Incorporator is:  Pleutier, John 500 N Walton Ave	_		
The <u>name and addro</u> Name:	ess of the Incorporator is:			
The name and addre Name: Address:	ess of the Incorporator is:  Pleifler, John 500 N Wallon Ave Tarpon Springs, FL 34689	ess for the above st	uted corporation	at the place designated in
The name and addre Name: Address:  Having been named	ess of the Incorporator is:  Pleifler, John 500 N Wallon Ave Tarpon Springs, FL 34689  as registered agent to accept service of proc	ress for the above stregistered agent and	ated corporation of agree to act in the	nt the place designated in is capacity
The name and addre Name: Address:  Having been named	ess of the Incorporator is:  Pleifler, John 500 N Wallon Ave Tarpon Springs, FL 34689	registered agent and	agree to act in th	nt the place designated in is capacity
The name and addre Name: Name: Address: Having been named this certificate, I am,	ess of the Incorporator is:  Platier, John 500 N Walton Ave Tarpon Springs, FL 34689  as registered agent to accept service of proclamiliar with and accept the appointment as a	registered agent and	agree to act in th	nt the place designated in is capacity
The name and addre Name: Address:  Having been named this certificate, I am J	ess of the Incorporator is:  Pleifler, John 500 N Wallon Ave Tarpon Springs, FL 34689  as registered agent to accept service of proc	ress for the above storegistered agent and	agree to act in th	nt the place designated in is capacity
The name and address: Name: Address: Having been named this certificate, I am from Require	ess of the Incorporator is:  Pledier, John 500 N Walton Ave Tarpon Springs, FL 34689  as registered agent to accept service of procedurillar with and accept the appointment as a Signature/Registered Agent	registered agent and  ———————————————————————————————————	agree to act in the	is capacity
The name and address: Name: Address: Having been named this certificate, I am y Require	ess of the Incorporator is:  Pledler, John 500 N Walton Ave Tarpon Springs, FL 34689  as registered agent to accept service of proceedings with and accept the appointment as a Signature/Registered Agent  ent and affirm that the facts stated herein a	registered agent and	agree to act in th [  ] that any false in	is capacity
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The name and address: Name: Address: Having been named this certificate, I am the Require I submit this document to the Dep	ess of the Incorporator is:  Pledler, John 500 N Walton Ave Tarpon Springs, FL 34689  as registered agent to accept service of proclamiliar with and accept the appointment as a significant service. Significant and affirm that the facts stated herein a arithment of State constitutes a third degree fell	registered agent and  Lace Date re true. I am aware ony as provided for	agree to act in th [  ] that any false in	is capacity
The name and address: Name: Address: Having been named this certificate, I am the Require I submit this document to the Dep	ess of the Incorporator is:  Pledler, John 500 N Walton Ave Tarpon Springs, FL 34689  as registered agent to accept service of proceedings with and accept the appointment as a Signature/Registered Agent  ent and affirm that the facts stated herein a	registered agent and  Lace Date re true. I am aware ony as provided for	agree to act in the second of	is capacity
The name and address:  Address:  Having been named this certificate, I am particular than the document to the Deputer Requires Requires to the Deputer Requires Requires to the Deputer Requires to the Deputer Requires Requires to the Deputer Requi	ess of the Incorporator is:  Pleifler, John 500 N Wallon Ave Tarpon Springs, FL 34689  as registered agent to accept service of procedurality with and accept the appointment as a Signature/Registered Agent  ent and affirm that the facts stated herein a curtiment of State constitutes a third degree fell signature/Incorporator	registered agent and	agree to act in the  \( \begin{align*} -\begin{align*} \ldots & \text{any false in s.817.155, F.S.} \\ \ell -\begin{align*} \ldots & \text{align*} & \text{align*} \\ \ell -\begin{align*} \ldots & \text{align*} & \text{align*} \\ \ell -\begin{align*} \ldots & \text{align*} & \text{align*} & \text{align*} \\ \ell -\begin{align*} \ldots & \text{align*} & \text{align*} & \text{align*} & \text{align*} \\ \ell -\begin{align*} \ldots & \text{align*}	is capacity formation submitted in a