

P13000013767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

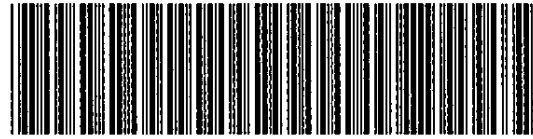
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer **GAVE**
KERRY STONE
AUTHORIZATION BY PHONE TO
CORRECT **#5 delete reference**
to effective date
DATE **2/5**
EXAMINER **DS**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB - 8 PM 2:37

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Acclaimed National Property Specialists

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:

Kim Wilson

Contact Person

Acclaimed National Property Specialists

Firm/Company

416 Arlington Ave E

Address

Oldsmar FL 34677

City, State and Zip Code

kim.anps@gmail.com

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

For further information concerning this matter, please call:

Kerry Strong at (727) 330-8253

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:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

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DIVISION OF CORPORATIONS

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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:

Acclaimed National Property Specialists LLC LD9000018357

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 **February 23rd, 2009**
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**:

Acclaimed National Property Specialists ~~Corp.~~ INC. (KS)

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.)

Signed this 22nd day of January, 2013

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Required Signature for Florida Profit Corporation:

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Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Kim M Wilson Title: COO

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: Kim M Wilson Title: COO

Signature: [Signature]
Printed Name: Berry Strong Title: CEO

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)

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Acclaimed National Property Specialists Corp. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

416 Arlington Ave E. Oldsmar FL 34677

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida

other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the Florida Corporations Code.

ARTICLE IV SHARES 10

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kim M Wilson COO

Address: 416 Arlington Ave E
Oldsmar FL 34677

Name and Title: Kerry L Strong CFO

Address: 803 Dartmouth Ave W
Oldsmar FL 34677

Name and Title: _____

Address: _____

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: Kim M Wilson

Address: 416 Arlington Ave E
Oldsmar FL 34677

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kim M Wilson
Address: 416 Arlington Ave E
Oldsmar FL 34677

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

1/22/2013
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

1/22/2013
Date