P1300015930

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000243658350

01/28/13--01035--015 **105.00

13 FEB | 4 PM | 2: 35

SECRETARY OF STATE



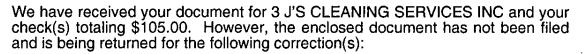
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2013

NOVIA GORDON 4609 NW 9TH DR PLANTATION, FL .33317

SUBJECT: 3 J'S CLEANING SERVICES INC

Ref. Number: W1300005626



The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 013A00002207

www.sunbiz.org

COVER LETTER

TO:

Charter Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT:	3519	Clea	nuig	Ser	ried	Inc
Name of Resulting Florida Practit 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:						
Novia Gordon Contact Person						
375 Cleaning Scrvices LLC Firm/Company						
4609 NW 9th Dr. Address						
Plantation Fl. 33317 City, State and Zip Code						
Amail address: (to be used for future andual report notification)						
For further information concerning this matter, please call:						
Name of Cont	God tact Person	<u>~</u>	at (<u>954</u> Area Code	and Daytin	(S - C	207 e Number
Enclosed is a check for the following amount:						
\$105.00 Filing Fees	□\$113.75 F and Certifica Status	Filing Fees ate of	□\$113.75 Fill and Certified		S122.50 Certified C Certificate	• •
STREET ADDRESS Charter Section Division of Corporati Clifton Building 2661 Executive Center	ons		Cha Divi P. O	ILING Al rter Section sion of Co Box 632 ahassee. F	n orporation 7	-

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Certificate of Conversion For

"Other Business Entity"

Into

Florida Profit Corporation

13 FEB | 4 PM | 2: 35

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: L0700038638		
275 Cleaning Corried LLC. Enter Name of Other Business Entity		
2. The "Other Business Entity" is a		
first organized, formed or incorporated under the laws of		
on		
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> Services Dr.		
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.)		

π. 1	•	FIL	ED
Signed this 15 day of Janua	<u>ing</u> , 20 13	SECRETAR) SECRETAR) OF C	Z OF STATE ORPORATIONS
Required Signature for Florida Profit Corporat	ion:	13 FEB 14	PM 12: 35
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: Printed Name: No. 2000 Title:	Officer, or, if Directors or Officer Owner	ficers have not	
Required Signature(s) on behalf of Other Business signature(s).	s Entity: [See below for requ	ired	
Signature: Printed Name: NMa Gwam	Title: Dwner		
Signature: Printed Name: Arnold Signaha	MTitle: Co-OWn	es	
Signature:Printed Name:	Titlė:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	v Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative			
All others: Signature of an authorized person.			
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
13 FEB 14 PM 12: 35

ARTICLE I NAME The name of the corporation shall be: 3 16	eaning Services Drc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	7
	Mullion address if different in
Principal street address	Mailing address, if different is:
4609 NW 9 mar.	
Plantotron Fl. 33317	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
any and All l	auful Businets
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIR	
Name and Title: NNIa Gordon	Name and Title:
Address: AlboqNW9th Br. Plantaton F1.333	Address:
Name and Title: Anold marshar	Name and Title:
Address: 4609 NW 9Th Dr.	Address:
Plantahon FT. 3831	7
Name and Title:	Name and Title:
Address:	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce Name: Nord Godon Address: 4609 NW 9 th By.	etable) of the registered agent is:
Plantation Fr. 33	- 1/8

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 FEB | 4 PM 12: 36

Name: Nortai

Address:

4609 NW 90Br.

Plantation H. 33317

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

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

Date