P1300017748

(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY STATE

ALLANASSE FLORIDA

TALLANASSE FLORIDA

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1/3/ W13-6109

COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT: G T JANITORIAL & PROPERTY MANAGEMENT SERVICES, 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:

GIOVANNI NELSON

Contact Person

G T JANITORIAL & PROPERTY MANAGEMENT SERVICES, INC

Firm/Company

14000 MILITARY TRAIL STE #112

Address

DELRAY BEACH FL. 33484

City, State and Zip Code

INFO@GTJSERVICES.COM

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

For further information concerning this matter, please call:

GIOVANNI NELSON

_{at (}561

894-4504

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

Status

□ \$105.00 Filing Fees

\$113.75 Filing Fees and Certificate of

□\$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



RECEIVED 2013 FEB 22 AM 10: 25

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations

January 31, 2013

GIOVANNI NELSON 14000 MILITARY TRAIL SUITE 112 DELRAY BEACH, FL 33485

SUBJECT: G T JANITORIAL & PROPERTY MANAGEMENT SERVICES, INC

Ref. Number: W13000006109

We have received your document for G T JANITORIAL & PROPERTY MANAGEMENT SERVICES, INC and your check(s) totaling \$122.50. 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 Organization, if any.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 013A00002478

COVER LETTER

TO:	Charter Secti Division of C			
CHID	IECT: GT JAI	NAITORIAL & PROF	PERTY MANAGEME	ENT SERVICES, INC.
SUD	JEC1:		ng Florida Profit Corporation	
conve	nclosed Certifi ert an "Other Bi 115, F.S.	cate of Conversion, Ausiness Entity" into a "	ticles of Incorporation Florida Profit Corpora	a, and fees are submitted to ation" in accordance with s.
Please	e return all corr	espondence concernin	g this matter to:	
GIO	I INNAVC	NELSON		
		Contact Person		
GT JA	NAITORIAL & PI	ROPERTY MANAGEMEN	IT SERVICES, INC	
	Firm/Company			
140	000 MILIT	ARY TRAIL	STE #112	
		Address		
DE	LRAY BE	ACH, FL. 334	484	
)	C	City, State and Zip Code		
INF	O@GTJ	SERVICES.C	OM	
Е	-mail address: (to	be used for future annual r	eport notification)	
For fu	rther informati	on concerning this ma	tter, please call:	
GIC	INNAVC	NELSON	_ _{at (} 561 ₎ 89	4-4504
	Name of Cor	tact Person		ime Telephone Number
Enclo	sed is a check f	for the following amou	int:	
□ \$10	5.00 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
Charte Divisi Clifto	ET ADDRES on of Corporat n Building Executive Cent	ions	MAILING A Charter Section of Control of Cont	on Corporations 27

Tallahassee, FL 32301

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 of Conversion is:
GT JANITORIAL & PROPERTY MANAGEMENT SERVICES, LLC
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 12/14/2011
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 laws of which it is now organized, formed or incorporated:
FLORIDA TO BE TO THE PROPERTY OF THE PROPERTY
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Single Incorporation:
GT JANITORIAL & PROPERTY MANAGEMENT SERVICES, INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 02/18/2013
(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 23RD day of JANUARY	, 20 13 .
Required Signature for Florida Pro	ofit Corporation:
Signature of Chairman, Vice Chairman been selected, an Incorporator: Printed Name: GIOVANNI NELSON	an, Director, Officer, or, if Directors or Officers have not
Timed Name.	1100.
Required Signature(s) on behalf of C signature(s).]	Other Business Entity: [See below for required
Signature: D W Printed Name: GIOVANNI NELSON	Title: MGRM
Printed Name: Glovaliti NELSON	Title: Mona
Signature:	
Printed Name:	Title:
S'	
Signature:	Title:
Timed Name.	1100.
Signature:	
Printed Name:	Title:
Simulation	
Signature:Printed Name:	Title:
Timod I valie.	
Signature:	
Printed Name:	Title:
If Florida General Partnership or Li Signature of one General Partner.	mited Liability Partnership:
If Florida Limited Partnership or Li Signatures of ALL General Partners.	mited Liability Limited Partnership:
If Florida Limited Liability Compan Signature of a Member or Authorized	NY: Representative. ARE TO THE TO TH
All others: Signature of an authorized person.	Representative. 8. PH 12: 30
Fees: Certificate of Conversion: Fees for Florida Articles of Ir Certified Copy: Certificate of Status:	\$35.00 scorporation: \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

ARTICLE I NAME The name of the corporation shall be: GT JANITORIAL & PROPERTY MANAGEMENT SERVICES, INC			
ARTICLE	· · · · · · · · · · · · · · · · · · ·		
The principa	d place of business/mailing address is:		
14000 MILITAR	Principal street address Y TRAIL STE #112		Mailing address, if different is:
DELRA	AY BEACH		
FLORII	DA 33484		
• •	III PURPOSE be for which the corporation is organized is: AWFUL BUSINESS		
ARTICLE			
The number	of shares of stock is:	<u> </u>	The state of the s
<u>ARTICLE</u>		ECTORS	T
Name and T	Fitle: GIOVANNI NELSON-PRESIDENT	Name and Title:_	<u> </u>
Address:	623 SW 4TH AVENUE	Address:	
	BOYNTON BEACH FL 33426		\$\$ a =
Name and T	ANNETTE NELSON	Name and Title:	ma P M
Address:	623 SW 4TH AVENUE	Address:	5: 3 0: 3
	BOYNTON BEACH FL 33426		<u> </u>
Name and	Title:	Name and Title:_	
Address:		Address:	
	EVI REGISTERED AGENT and Florida street address (P.O. Box NOT acce	—ptable) of the registe	red agent is:
Name:	623 SW 4TH AVE		
Address:	BOYNTON BEACH FL 33426		

Name:	GIOVANNI NELSON	
Address:	623 SW 4TH AVENUE	
	BOYNTON BEACH FL 33426	
*****	**********	*******
		of process for the above stated corporation at the place
designated capacity	t in this certificate, I am familiar with and acci	the appointment as registered agent and agree to act in this
		1/23/13
	Required Signature/Registered Agent	Date
		herein are true. I am aware that any false information tes a third degree felony as provided for in s.817.155, F.S.
2		
7	Required Signature/Incorporator	/ Date

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

FEB 18 PM 12: 30