| (Requestor's Name) | |
|---|------------------|
| (Address) | 9002458095 |
| (Address) | • |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 03/19/1301031029 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| · · · | |

Office Use Only

549

**122.50

13 MAR 19 PM 2: 20

PS 3/21/13

COVER LETTER

TO: **Charter Section**

Division of Corporations

SUBJECT: WEATHERPROOF ROOFING 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:

| • | | |
|--|--|--|
| BETH MINOR | | |
| Contact Person | | |
| BREEZE BOOKKEEPING INC | | |
| Firm/Company | | |
| 913 GULF BREEZE PKWY #34 | | |
| Address | | |
| GULF BREEZE, FL 32561 | | |
| City, State and Zip Code | | |
| BREEZEBOOKKEEP@AOL.COM | | |
| E-mail address: (to be used for future annual report notification) | | |

For further information concerning this matter, please call:

BETH MINOR Area Code and Daytime Telephone Number Name of Contact Person

Enclosed is a check for the following amount:

\$122.50 Filing Fees, □\$113.75 Filing Fees □\$113.75 Filing Fees ☐ \$105.00 Filing Fees Certified Copy, and and Certificate of and Certified Copy Certificate of Status 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAR | 9 PM 2:20

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: WEATHERPROOF ROOFING LLC LOSCO 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 01-23-2008 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: WEATHERPROOF ROOFING INC 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 15TH | day of MARCH | | , 20 | 13 SECKFT | THED |
|--------------------|---------------------|------------------------|-------------------|------------------------------|------------------|------------------------|
| D | | · | | • | OIVISION O | CORPORATIONS |
| Keguir | <u>ea Signaturo</u> | e for Florida Profit (| <u>orporat</u> | <u>ion:</u> | | |
| Signatu | ire of Chairm | an, Vice Chairman, E | rirector, | Officer, or, if Directo | rs or Officers l | 9 PM 2: 20 nave not |
| been se | elected, an Inc | corporator: Mail | ely w | KU | , | |
| Printed | Name: DAVID | EDINFIELD | Title: | VICE PRESIDENT | · | |
| | | (s) on behalf of Other | Business | Entity: [See below | for required | |
| signatu: | re(s).] | // (S) o | m/re | $\widetilde{\mathcal{M}}$ | | |
| Signatu Printed | Name: SALLY E | WINFIELD | | Title: MEMB | <u> </u> | |
| | | C. Denhell | , 0 | | | |
| Signatu Printed | Name: DAVID E | DINFIELD | | _ Title: MEMBE | | |
| . milea | rume. | | | _ True. <u>II to II to e</u> | | |
| Signatu | re: | <u> </u> | | | | |
| Printed | Name: | | | _ Title: | | |
| | | | | | | |
| Signatu | re: | | | | | |
| Printed | Name: | | | _ Title: | | |
| | | | | | | |
| Signatu Printed | Name: | | | Title | | |
| 1111100 | | | | _ 11110 | | |
| Signatu | re: | | | | | |
| Printed | Name: | | | _ Title: | | |
| | | | | | | |
| <u>If Flori</u> | <u>da General P</u> | artnership or Limite | <u>d Liabilit</u> | <u>v Partnership:</u> | | |
| Signatu | re of one Gen | eral Partner. | | | | |
| lf Flori | da I imitad P | artnership or Limite | d I iahilit | v I imitad Partnarel | in. | |
| | | eneral Partners. | ı Manılı | y Limited I althersi | 111). | |
| | | | | | | |
| lf Flori | da Limited L | iability Company: | | | | |
| Signatu | re of a Membe | er or Authorized Repre | sentative. | | | |
| All othe | org• | | | | | |
| Signatu | re of an author | rized person. | | | | |
| 0 | | | | | | |
| Fees: | | | | | | |
| | Certificate of | Conversion: | | \$35.00 | | |
| | Fees for Flori | da Articles of Incorpo | oration: | \$70.00 | | |
| | Certified Cop | <u>-</u> | | \$8.75 (Optional) | | |
| ı | Certificate of | Status: | | \$8.75 (Optional) | | |

ARTICLES OF INCORPORATION SEGRETARY OF STATE In compliance with Chapter 607 and/or Chapter 621, F.S. (PHOTE)N OF CORPORATIONS

| ARTICLE . The name of | I NAME The corporation shall be: WEATHERP! | ROOF RO | OFING INC ^{3 MAR 19} PM 2: 2 |
|--------------------------|---|--------------------|--|
| ARTICLE | II PRINCIPAL OFFICE I place of business/mailing address is: | | |
| | Principal street address | | Mailing address, if different is: |
| 410 SH | IORELINE DR | | |
| GULF I | BREEZE, FL 32561 | | |
| The purpose | III PURPOSE e for which the corporation is organized is: ND ALL LAWFUL ACTIVITIE | ES. | |
| ARTICLE | IV SHARES 400 | | |
| The number | of shares of stock is: | | |
| | V INITIAL OFFICERS AND/OR DIR | ECTORS | DAVID EDINEIEI D VD |
| Name and Titi | SALLY EDINFIELD, PRES 410 SHORELINE DR | | Ale: DAVID EDINFIELD, VP 410 SHORELINE DR |
| Address: | GULF BREEZE, FL 32561 | Address: | GULF BREEZE, FL 32561 |
| Name and T | Title: | Name and Tit | ile: |
| Address: | | Address: | |
| Name and T | | Name and Tit | :le: |
| Address: | | Address: | |
| Name: | VI REGISTERED AGENT nd Florida street address (P.O. Box NOT acce BETH MINOR 913 GULF BREEZE PKWY #34 | ptable) of the reg | gistered agent is: |
| Address: | GULF BREEZE, FL 32561 | | |

| ARTICL The name | E VII INCORPORATOR and address of the Incorporator is: | FILED SECRETARY OF STATE DIVISION OF CORPORATION |
|--------------------|--|--|
| Name: | DAVID EDINFIELD | |
| Address: | 410 SHORELINE DR | 13 MAR 19 PM 2: 20 |
| | GULF BREEZE, FL 32561 | |
| | een named as registered agent to accept service of point in this certificate, I am familiar with and accept the agent to accept the accept th | |
| , | Required Signature/Registered Agent | Date |
| | | |
| ѕиртіпеа | this document and affirm that the facts stated hereing in a document to the Department of State constitutes a | |
| suominea LV. | this document and affirm that the facts stated herei. | |