

P 13000035485

(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:

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DIVISION OF CORPORATIONS
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6094
W13000020410

4/19/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Futurescape 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:

Kathleen Wendorf

Contact Person

Futurescape Inc

Firm/Company

6119 Del Mar Drive

Address

Port Orange, FL 32127

City, State and Zip Code

ira@hvacservicform.com

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

For further information concerning this matter, please call:

Kathleen Wendorf

Name of Contact Person

at (877) 747-7767

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2013

KATHLEEN WENDORF
6119 DEL MAR DRIVE
PORT ORANGE, FL 32127

SUBJECT: FUTUREScape INC.
Ref. Number: W13000020410

We have received your document for FUTUREScape 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 313A00008235

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Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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DIVISION OF CORPORATIONS

13 APR 17 AM 11:38

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:

Futurescape LLC.

LU5000111309

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 **FL**

(Enter state, or if a non-U.S. entity, the name of the country)

on **November 17, 2005**

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Futurescape 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 7th day of March, 2013.

Required Signature for Florida Profit Corporation:

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

Printed Name: Kathleen Wendorf Title: Corporate Administrator

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

Signature: Ira Wendorf

Printed Name: Ira Wendorf Title: Vice President

Signature: Kathleen Wendorf

Printed Name: Kathleen Wendorf Title: Corporate Administrator

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Futurescape Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

6119 Del Mar Drive
Port Orange, FL 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Software developer/ Green product developer

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Weininger
Address: 650 S Mount Prospect Rd
Des Plaines, IL 60016

Name and Title: Ira Wendorf, V.P.
Address: 6119 Del Mar Dr
Port Orange, FL 32127

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: Kathleen Wendorf
Address: 6119 Del Mar Dr
Port Orange, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathleen Wendorf
Address: 6119 Del Mar Dr
Port Orange, FL 32127

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

Kathleen Wendorf, Administrator
Required Signature/Registered Agent

03/07/2013

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.

Kathleen Wendorf, Administrator
Required Signature/Incorporator

03/07/2013

Date

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