

A13000065924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

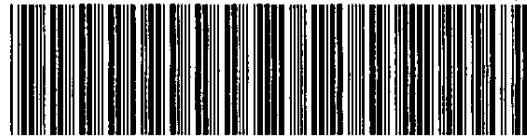
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/25/13--01025--011 **122.50

13 AUG -5 PM 2.04
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/30

W13-42583 8

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: H2A Complete II, 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:

Terri Forrester

Contact Person

H2A Complete II, Inc

Firm/Company

1926 First Commercial Dr N Ste 109

Address

Southaven, MS 38671

City, State and Zip Code

tforrester@h2acomplete.com

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

For further information concerning this matter, please call:

Terri Forrester

Name of Contact Person

at (662) 393-4241

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2013

TERRI FORRESTER
1926 FIRST COMMERCIAL DR N SUITE 109
SOUTHAVEN, MS 38671

SUBJECT: H2A COMPLETE II, INC
Ref. Number: W13000042583

We have received your document for H2A COMPLETE II, 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 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: 113A00018357

RECEIVED
13 AUG -6 AM 11:43
DEPT OF STATE
DIV OF CORPORATIONS
TALLAHASSEE, FLORIDA

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

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:

H2A Complete LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **LLC**
(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 **Mississippi**
(Enter state, or if a non-U.S. entity, the name of the country)

on **April 9, 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:**

H2A Complete II, 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.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Signed this 24th day of July, 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: Terri Forrester

Printed Name: Terri Forrester Title: President

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

Signature: Terri Forrester
Printed Name: Terri Forrester Title: Business Manager

Signature: _____
Printed Name: _____ Title: _____

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)

13 AUG - 5 PM 2:04
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I NAME H2A Complete II, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:

Principal street address
1926 First Commercial Dr. N. Ste 109

Southaven, MS 38671

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Services

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Jennifer Arroyo

Address: 4867 Malibu Drive
Lake Wales, FL 33859

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Terri Forrester
Address: 4930 Horn Lake Rd
Nesbit, MS 38651

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

7/24/2013

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

7/24/2013

Date

13 AUG -5 PM 2:04
SECRETARY OF STATE
DIVISION OF CORPORATIONS