

P130000067862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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1/11

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** HandMINOTEK LLC  
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:

JOSUE LAMONTAGNE  
Contact Person

HandMINOTEK LLC  
Firm/Company

1957 Brandywine Rd Apt. 208  
Address

WEST PALM BEACH, FL 33409  
City, State and Zip Code

Josue.lamontagne@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSUE LAMONTAGNE at (585) 369-4411  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$113.75 Filing Fees and Certified Copy | <input type="checkbox"/> \$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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**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:

HandMINDTEK LLC - L13000101256  
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 July 17, 2013  
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:**

JOSUE LAMONTAGNE & ASSOCIATES INC  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 8/14/2013  
(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 9 day of August, 2013

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**Required Signature for Florida Profit Corporation:**

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

Printed Name: JOSUE LAMONTAGNE Title: OWNER

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

Signature: [Signature]  
Printed Name: JOSUE LAMONTAGNE Title: OWNER

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)

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DIVISION OF CORPORATION:

## ARTICLES OF INCORPORATION

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

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### ARTICLE I NAME

The name of the corporation shall be: JOSUE LAMONTAGNE & ASSOCIATES INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

1957 Brandywine Rd  
APT 208

Mailing address, if different is:

WEST PALM BEACH, FL 33409

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This organization main purpose is to purchase quality  
goods at wholesale price & resell them to the general  
market, while establishing some financial freedom  
& help create new job opportunities.

### ARTICLE IV SHARES

The number of shares of stock is:

2

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSUE LAMONTAGNE Name and Title: JACINTA WATKINS

Address: 1957 Brandywine Rd<sup>208</sup> Address: 1957 Brandywine Rd APT 208  
West Palm Beach, FL 33409 West Palm Beach, FL 33409

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSUE LAMONTAGNE

Address: 1957 Brandywine Rd APT 208  
West Palm Beach, FL 33409

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

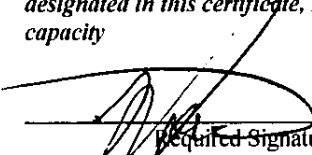
Name: JOSUE LAMONTAGNE

Address: 1957 Brandywine Rd Apt 208  
West Palm Beach, FL 33409

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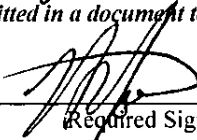
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

8-9-2013  
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

8-9-2013  
Date