P300095795

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone i	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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11/12/13--01027--031 **105.00

SIVISION OF CORPORATIONS

0. 1/22/13



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2013

WILL CELESTIN HT SERVICES INC 1310 W COLONIAL DR SUITE 29 ORLANDO, FL 32804

SUBJECT: HT SERVICES INC Ref. Number: W13000063034

We have received your document for HT SERVICES INC and your check(s) totaling \$105.00. 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 Incorporation, if any.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Pamela Smith

Regulatory Specialist II

Letter Number: 613A00026417

COVER LETTER

TO: Charter Section Division of C			
SUBJECT: HT S	-		
SUBJECT:		ng Florida Profit Corporatio	on
		-	, and fees are submitted to tion" in accordance with s.
Please return all corre	espondence concerning	g this matter to:	
Will Celestin	Ì		
	Contact Person		
HT Services	Inc		
	Firm/Company	e Make Plant in de anneale de de Marie Mar	
1310 W Cold	onial Dr Suite	29	
	Address		
Orlando FL	32804		
C	ity, State and Zip Code		
willcelestin@	~ •		
E-mail address: (to	be used for future annual r	eport notification)	
For further information	on concerning this ma	tter, please call:	
Will Celestin		$_{at}$ (407) 69	7-9129
Name of Con	tact Person		me Telephone Number
Enclosed is a check f	or the following amou	nt:	
\$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	<u>S:</u>	MAILING A	ADDRESS:

Charter Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Charter Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

FILEU SECRETARY OF STATE JIVISION OF CORPORATIONS

Certificate of Conversion
For
"Other Business Entity"
Into

13 NOV 25 PH 1: 56

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:

HT Services LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a HT Services 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 Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 8/16/2010
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 <u>attached Articles of</u> <u>Incorporation:</u>
HT Services 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 06 day of November	20 <u>13</u> FILED
	JIVISIUN OF CORPORATIONS
Required Signature for Florida Profit Corporat	
Signature of Chairman, Vice Chairman, Director, C been selected, an Incorporator: Printed Name: Title:	13 NOV 25 PM 1: 56 Officer, or, if Directors or Officers have not
rimed Name. (A) (1) CE(E3311) The.	OTTE
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See be low for required
Signature: Printed Name: Wilkerson (elstin	Title: NG K
	•
Signature: Printed Name:	Title:
Signature:Printed Name:	Tid
Printed Name:	
Signature:	
Signature:Printed Name:	_ Title:
•	
Signature:Printed Name:	Title:
Tranco Marie.	
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liabilit	v Partnershin:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
Signatures of ALL Octional Particles.	
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 NOV 25 PM 1 5
The name of t	the corporation shall be: HT Service	s Inc	
ARTICLE I	I PRINCIPAL OFFICE		
he principal	place of business/mailing address is:		
1310 W Colonial f	Principal street address or Suite 29 Orlando FL 32804	2423 Lie	Mailing address, if different is:
	II PURPOSE		
	for which the corporation is organized is:		
Contrac	Laboi		
he number o	of shares of stock is:	DIRECTORS	
The number of	of shares of stock is: V INITIAL OFFICERS AND/OR Inte: Will Celestin - Preside		itle: Isaac Laguerre → 🄊 (୧୯-
The number of ARTICLE	v INITIAL OFFICERS AND/OR Itle: Will Celestin - Presideral 1310 W Colonial Dr		1310 W Colonial Dr
The number of ARTICLE Name and Ti	of shares of stock is: V INITIAL OFFICERS AND/OR Inte: Will Celestin - Preside	ent ame and T	
The number of ARTICLE STATE Name and Ti	v INITIAL OFFICERS AND/OR Itle: Will Celestin - Presider 1310 W Colonial Dr Orlando FL 32804	ent ame and Ti	1310 W Colonial Dr Orlando FL 32804
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The number of ARTTCLE STANDARD AND THE ARTTCLE	v INITIAL OFFICERS AND/OR Itle: Will Celestin - Preside 1310 W Colonial Dr Orlando FL 32804	Address: Name and Ti Address: Address:	1310 W Colonial Dr Orlando FL 32804
The number of ARTICLE STANDARD AND THE ADDRESS: Name and Tit Address: Name and Tit Address:	v INITIAL OFFICERS AND/OR Itle: Will Celestin - President 1310 W Colonial Dr Orlando FL 32804	Address: Name and Ti Address: Name and Ti	1310 W Colonial Dr Orlando FL 32804
ARTICLE Name and Ti Address: Name and Ti Address:	v INITIAL OFFICERS AND/OR ttle: Will Celestin - Press d 1310 W Colonial Dr Orlando FL 32804	Address: Name and Ti Address: Name and Ti	1310 W Colonial Dr Orlando FL 32804

3 liela lee ct Dee FL 34761

Address:

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

Name:

Name:

Address:

Address:

Address:

Address:

TOCORE FL 3476

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

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

Date