

P 1400052103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

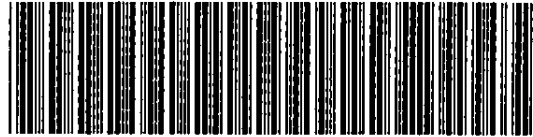
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/14--01018--008 **105.00

14 JUN 12 AM 8:19
DIVISION OF REVENUE
STATE OF ARIZONA

2

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: HEARTLAND MOSQUITO CONTROL, 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:

Scott R. LeConey, Esquire

Contact Person

Swaine & Harris, P.A.

Firm/Company

401 Dal Hall Boulevard

Address

Lake Placid, FL 33852

City, State and Zip Code

bill@brantley.pro

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

For further information concerning this matter, please call:

Terri Miller

Name of Contact Person

at (863) 465-0881

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:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2014

SCOTT R. LECONY, ESQ.
401 DAL HALL BLVD
LAKE PLACID, FL 33852

SUBJECT: HEARTLAND MOSQUITO CONTROL, INC.
Ref. Number: W14000034456

RECEIVED
14 JUN 12 AM 10:45
TALLAHASSEE, FLORIDA

We have received your document for HEARTLAND MOSQUITO CONTROL, 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 Certificate of Conversion must be signed by an authorized person.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 614A00011944

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

CLERK OF COURT
14 JUN 12 AM 8:19

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:

HEARTLAND MOSQUITO CONTROL, LLC

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 **May 1, 2014**

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:**

HEARTLAND MOSQUITO CONTROL, 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 22nd day of May, 2014.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: William K Brantley II

Printed Name: William K. Brantley, II Title: President

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

✓ Signature: William K Brantley II
Printed Name: William K. Brantley II Title: Managing Member

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)

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 12 AM 8:19

ARTICLE I NAME

The name of the corporation shall be: Heartland Mosquito Control, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

417 East Interlake Boulevard
Lake Placid, Florida 33852

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For any legal purpose

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William K. Brantley, II DP

Name and Title: William K. Brantley, II VP

Address: 417 East Interlake Blvd.
Lake Placid, FL 33852

Address: 417 East Interlake Blvd.
Lake Placid, FL 33852

Name and Title: William K. Brantley, II ST

Name and Title: _____

Address: 417 East Interlake Blvd.
Lake Placid, FL 33852

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: William K. Brantley, II
Address: 417 East Interlake Blvd.
Lake Placid, FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William K. Brantley, II
Address: 417 East Interlake Blvd.
Lake Placid, FL 33852

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

William K Brantley II

Required Signature/Registered Agent

5/22/14

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.

William K Brantley II

Required Signature/Incorporator

5/22/14

Date