## PH 0000812291

(Requestor's Name)		
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(50	omess Emily Har	no,
(Do	cument Number)	
(00	cament wanter)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-
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Office Use Only



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W14-58694

#### **COVER LETTER**

Division of Co						
A.	Illew HAKE	11.	$\tau$			
SUBJECT: C4	<i>// </i>	zog Homes,	LNC			
Name of Resulting Forida Profit Corporation						
			and fees are submitted to ion" in accordance with s.			
Please return all corre	spondence concerning	g this matter to:				
Culler t	Art 200 Contact Person					
Called H	ARtzuß Ho.	mes INC				
208 CAS	CAde 51 Address					
PANAMA City HA 32405 City, State and Zip Code						
E-mail address: (to b	016 @ AOL. e used for future annual re	cow eport notification)				
For further informatio	n concerning this mat	ter, please call:				
Culley HA Name of Conta	At ZUC act Person	- \ <del></del> / <del></del>	19-3431 ne 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 Corporatio Clifton Building 2661 Executive Cente	ons	MAILING A New Filings S Division of Co P. O. Box 632 Tallahassee, F	Section orporations 17			

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2014

CULLEN HARTZOG 208 CASCADE ST PANAMA CITY, FL 32405

SUBJECT: CULLEN HARTZOG HOMES, INC

Ref. Number: W14000058694



We have received your document for CULLEN HARTZOG HOMES, 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 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: 214A00020577

www.sunbiz.org

TO DOV 0007 70-11-1 ... TIL 11 0000

# Certificate of Conversion For "Other Business Entity" Into 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:
Cullen Hartzog Sk Homes LLC L14000139997 Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a //m/ted //Abt//ty 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
(Enter state, or if a non-U.S. entity, the name of the country)
on 8542014
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 <u>attached Articles of Incorporation:</u>
Enter Name of Forida Profit Corporation
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	, 20 /4
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator;  Printed Name:	Officer, or, if Directors or Officers have not
Required Signature(s) on behalf of Other Business signature(s).	s Entity: [See below for required
Cull Hartas	Title: Chair man
( ) V' / McClass	
Printed Name: Shirley HARTZO 6	Title: Vice Charlemon
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	_ Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name of the corporation shall be: Culled HARTES Homes TNC				
ARTICLE II PRINCIPAL OFFICE	J			
The principal place of business/mailing address is:	:			
208 Principal street address Principal street address	Mailing address, if different is:			
PANAMA City, 7/4 32	405			
ARTICLE III PURPOSE  The purpose for which the corporation is organized.	^			
	w of Residental and			
Commercial propositi	425.			
ARTICLE IV SHARES The number of shares of stock is:	1 Shanes			
ARTICLE V INITIAL OFFICERS ANI	D/OR DIRECTORS			
Name and Title Cyllew HARtra C	Anema Name and Title:			
Address: 208 CASCADLE				
PANAMA City, 77				
Name and Title: Shirley HARtes VI	CL Chapparate and Title:			
Address: 208 CAS CAde Sy	Address:			
PANAMA City, FlA 3	2405			
Name and Title:	Name and Title:			
Address:	Address:			
<del></del>				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box				
Name: Cullen HAKE20C				
Address: 208 CASCA de 3	<u>t</u>			
PANAMA CITY, TI	<u>A 32405</u>			

WKIICTE	VII INCORPORATOR		
The name	and address of the Istcorporator is:		
Name:	Cullen HARtzog		
Address:	208 CASCAde St		
	PANAMA City, FIA 324	105	
	<b>V</b>		
******	**********	*******	******
	en named as registered agent to accept serv in this certificate, I am familiar with and acc		
	Required Signature/Registered Agent		9-17-14 Date
	his document and affirm that the facts state n a document to the Department of State cons		
	Ellen Hartzes	<del> </del>	9-17-14
	Required Signature/Underporator		Date