P/5000/5989

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Ćit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
AR-Tiled		

Office Use Only



700269331467

02/13/15--01024--001 **135.00

15 FEB 13 AH 7: 24
SECRETARY OF STATE

FEB 1 8 2015 **S. GILBERT**

COVER LETTER

TO: **Charter Section Division of Corporations** A Perfect Install 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: Tracy Cubero Contact Person A Perfect Install Inc. Firm/Company 6805 Twelve Oaks Blvd Address Tampa, FI 33634 City, State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a check for the following amount: ■ \$105.00 Filing Fees □\$113.75 Filing Fees □\$113.75 Filing Fees □\$122.50 Filing Fees, and Certificate of and Certified Copy Certified Copy, and Certificate of Status Status

STREET ADDRESS:

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

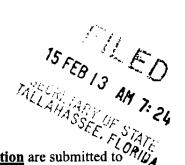
MAILING ADDRESS:

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

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:

Enter Name of Other Business Entity 2. The "Other Business Entity" is a Limited Liabilty 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 State (Enter state, or if a non-U.S. entity, the name of the country) on 1-24-2014 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: A Perfect Install 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 4 day of February	, 2015
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have not
been selected, an Incorporator:	
been selected, an Incorporator: Printed Name: Tracy Cubero Title:	Officer
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).]	
Signature: Mary Culcul Printed Name: Tracy Cubero	
Printed Name: Tracy Cubero	Title: Officer
Signature:	
Signature: 'Printed Name:	_ Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	y 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 ARTICLES OF INCORPORATION. In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 5 FEB 13 AM 7: 24

FILED

The name of the corporation shall be: A Perfect	t Install Inc. TALLAHASSEE, FLORII
The principal place of business/mailing address is:	- TEURI
Principal street address	Mailing address, if different is:
The purpose for which the corporation is organized is Delivery and installation of	
the number of shares of stock is:	
RTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: Tracy Cubero	Name and Title:
6805 Twelve Oaks Blvd	Address:
Tampa , FI 33634	
Name and Title:	Name and Title:
Address:	Address:
lame 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: Tracy Cubero	, ,
6805 Twelve Oaks Blvd	
Tampa , FI 33634	

The <u>name</u>	and address of the Incorporator is:	
Name:	Tracy Semper	
Address:	6805 Twelve Oaks Blvd	
	Tampa FI, 33634	
	een named as registered agent to accept service of p in this certificate, I am familiar with and accept the ap	pointment as registered agent and agree to act in this
Ircu	w X I Cistano	02/06/15
	Required Signature/Registered Agent	Date
	his document and affirm that the facts stated herein in a document to the Department of State constitutes a	third degree felony as provided for in s.817.155, F.S.
Y 1 10	4 X & Culverse	02/06/15
	Required Signature/Incorporator	Date

ARTICLE VII

INCORPORATOR