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(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TAIL ANNEASED FLORIDA

WIS-11932

COVER LETTER

TO:

Charter Section

Division of Co	orporations		
SUBJECT: Pre	mier Plumb	ers, Inc.	
SUBJECT.		g Florida Profit Corporation	1
			and fees are submitted to ion" in accordance with s.
Please return all corre	spondence concerning	g this matter to:	
Kelly Cardin	1		
	Contact Person		
	Firm/Company		
PO Box 188	332		
	Address		
Sarasota, F	L 34276		
Ci	ty, State and Zip Code		
Barbara@w	right-tax.co	m	
E-mail address: (to h	e used for future annual re	eport notification)	
For further information	on concerning this mat	ter, please call:	
Kelly Cardir	1	at (941) 92	21-4846
Name of Cont	act Person	Area Code and Daytin	me Telephone Number
Enclosed is a check for	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	
New Filings Section Division of Corporati	one	New Filings S Division of C	
Clifton Building	UIIS	P. O. Box 632	•
2661 Executive Cente		Tallahassee, I	
Tallahassee, FL 3230) i		

COVER LETTER

TO:	Charter Section Division of Co			
SUBJI	Pro	emier Plumb	ers, Inc.	
301001	ECT	Name of Resultin	g Florida Profit Corporat	íon
conver				n, and fees are submitted to ration" in accordance with s.
Please	return all corre	espondence concerning	g this matter to:	
Kel	ly Cardir	า		
		Contact Person		
		Firm/Company		
PO	Box 188	332		
		Address		
Sar	asota, F	L 34276		
	C	ity, State and Zip Code		
Bar	bara@v	vright-tax.co	m	
E-	-mail address: (to	be used for future annual r	eport notification)	
For fu	rther information	on concerning this ma	tter, please call:	
Kel	ly Cardii	า	_{at} 941 9	21-4846
	Name of Con	tact Person	Area Code and Day	rtime Telephone Number
Enclos	sed is a check f	or the following amou	nt:	
1 \$10:	5.00 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
	ET ADDRES	<u>S:</u>		ADDRESS:
	Filings Section	ione	New Filing	s Section Cornerations

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

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

15 HAR 20 AH II: UB

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.

accordance with 5, 507/1115, 116/100 Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Premier Plumbers, LLC LOSOMOOD (1613)
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Liability Compnay
(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 October 13, 2008
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:
Premier Plumbers, 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; <u>AND</u> 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 12 day of February	, 20 <u>15</u>
Required Signature for Florida Profit Corpo	ration:
Signature of Chairman, Vice Chairman, Directo	r, Officer, or, if Directors or Officers have not
been selected, an Incorporator: Cardin Cardin Tit	le: President
Required Signature(s) on behalf of Other Busin	
signature(s).]	iess Entity. [See below for required
,	
Signature: Printed Name: Kelly Cardin	Trial Monoring Momber
Printed Name: Kelly Cardin	Little: _managing member
Signature:	_
Signature: Printed Name:	Title:
Signature: Printed Name:	TOTAL CONTRACTOR OF THE CONTRA
Printed Name:	little:
Signature:	
Printed Name:	Title:
Signature:	PD1-14
Printed Name:	Intle:
Signature:	
Printed Name:	
If Florida General Partnership or Limited Lia	bility Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Lial	hility Limited Partnershin:
Signatures of ALL General Partners.	JANUA I BILLIO DE LA COLONIA D
-	
If Florida Limited Liability Company:	
Signature of a Member or Authorized Representation	tive.
All others:	
Signature of an authorized person.	
Francis Gelly Coude	
Fees: Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporatio	
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)

ARTICLE I NAME The name of the corporation shall be: Premier Plumbers, Inc.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
313 Interstate Ct	PO Box 18832 Sarasota, FL 34276	
Sarasota, FL 34240		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business		
ARTICLE IV SHARES 1,000 The number of shares of stock is: 1,000 ARTICLE V INITIAL OFFICERS AND/OR DIP Name and Title: Kelly Cardin, President		
7152 Java Dr	Name and Title:	
Sarasota, FL 34241	Address:	
	AL LEVI	
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT acce	eptable) of the registered agent is:	
Name: Kelly Cardin		
Address: 7152 Java Dr Sarasota Fl 34241		

ARTICLE The name a	INCORPORATOR and address of the Incorporator is:	
Name:	Kelly Cardin	
Address:	7152 Java Dr	
	Sarasota, FL 34241	NAMA.
******	************	*********
		ept service of process for the above stated corporation at the place ind accept the appointment as registered agent and agree to act in this
1		
h	ely Carde	2-12-15
, ,	Required Signature/Registered Agen	t Date
		cts stated herein are true. I am aware that any false information te constitutes a third degree felony as provided for in s.817.155, F.S.
	elly Condi	2-12-15
	Required Signature/Incorporator	Date

15 HAR 20 AM III: 08
SER LARY OF STATE
TALL APPARENT F FLORIDA