

PK000040248

(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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FILED  
15 MAY -5 11:11:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

W15-23072

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Nova Service FL Corporation

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:

Tiago M. Pessoa

Contact Person

Nova Service FL Corporation

Firm/Company

2011 W Atlantic BLVD 201

Address

Pompano Beach FL 33069

City, State and Zip Code

novapaintingservice@hotmail.com

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

For further information concerning this matter, please call:

Tiago M. Pessoa at ( 774 ) 2854074

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  
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

RECEIVED

15 APR 14 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 2, 2015

TIAGO M. PESSOA  
2011 W ATLANTIC BLVD 201  
POMPANO BEACH, FL 33069

SUBJECT: NOVA SERVICE FL CORPORATION  
Ref. Number: W15000023072

We have received your document for NOVA SERVICE FL CORPORATION 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 Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 715A00006603

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Nova Service FL Corporation

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Please return all correspondence concerning this matter to:

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Contact Person

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Firm/Company

2011 W Atlantic BLVD 201

Address

Pompano Beach FL 33069

City, State and Zip Code

novapaintingservice@hotmail.com

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

For further information concerning this matter, please call:

Tiago M Pessoa at ( 774 ) 285-4151

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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☐ \$113.75 Filing Fees  
and Certificate of  
Status

☐ \$113.75 Filing Fees  
and Certified Copy

☐ \$122.50 Filing Fees,  
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Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Nova Service FL Corporation

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:

Tiago M. Pessoa

Contact Person

Nova Service FL Corporation

Firm/Company

2011 W Atlantic BLVD 201

Address

Pompano Beach FL 33069

City, State and Zip Code

novapaintingservice@hotmail.com

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

For further information concerning this matter, please call:

Tiago M. Pessoa at ( 774 ) 2854074

Name of Contact Person

Area Code and Daytime Telephone Number

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Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April-21, 2015

TIAGO M. PESSOA  
2011 W ATLANTIC BLVD 201  
POMPANO BEACH, FL 33069

SUBJECT: NOVA SERVICE FL CORPORATION  
Ref. Number: W15000023072

We have received your document for NOVA SERVICE FL CORPORATION and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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: 715A00006603

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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:

**Nova Painting Service LLC** L150000494598  
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 **3/25/2015**  
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 **attached Articles of Incorporation:**

**Nova Service FL Corportion**  
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.)

FILED  
15 MAY -5 11:01  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 05-11-2015 BY 60322  
UCBAW

Signed this 28 day of April, 2015.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Tiago M. Pessoa Title: Chairman

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

Signature: [Signature]  
Printed Name: Tiago M. Pessoa Title: Chairman

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)**

**ARTICLE I    NAME**

The name of the corporation shall be: Nova Service FL Corporation

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

2011 W Atlantic BLVD 201

SAME

Pompano Beach FL 33069

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

any and all full purposes

**ARTICLE IV    SHARES    10**

The number of shares of stock is: 10

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tiago M. Pessoa Chairman

Name and Title: \_\_\_\_\_

Address: 2011 W Atlantic BLD 201

Address: \_\_\_\_\_

Pompano Beach FL 33069

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Ana Rebeka Pesssoa

Address: 2011 W Atlantic BLVD 201

Pompano Beach FL 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tiago M. Pessoa  
Address: 2011 W Atlantic BLVD 201  
Pompano Beach FL 33069

\*\*\*\*\*

*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

04/18/15  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

04/18/15  
\_\_\_\_\_  
Date

FILED  
15 MAY -5 10:11:01  
STATE OF FLORIDA  
TALLAHASSEE