

P/5000058063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

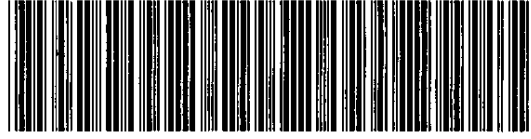
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/26/15--01009--017 \*\*122.50

FILED  
Division of Data Services  
15 JUL 13 AM 9:27

W15- 37733

07/14/15



RECEIVED JUL 13 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2015

KRISTINE A. BROOME  
6830 HIGHLAND PINES CIR.  
FORT MYERS, FL 33966

\*\*\* 2ND CORRECTION \*

SUBJECT: LEAD MECHANICAL SERVICES, INC.  
Ref. Number: W15000037733

We have received your document for LEAD MECHANICAL SERVICES, INC. and your check(s) totaling \$122.50. 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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00011223



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2015

KRISTINE A. BROOME  
6830 HIGHLAND PINES CIR.  
FORT MYERS, FL 33966

\*\*\* 2ND MAILING \*\*\*

SUBJECT: LEAD MECHANICAL SERVICES, INC.  
Ref. Number: W15000037733

RECEIVED  
15 JUN 22 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LEAD MECHANICAL SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00011223

*Please see the corrected  
amount of shares.*

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Lead Mechanical Services  
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:

Kristine A. Broome  
Contact Person

Lead Mechanical Services  
Firm/Company

2115 Central Ave  
Address

Fort Myers, FL 33901  
City, State and Zip Code

Kbroome@leadmechanicalservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristine Broome at ( 239 ) 850.8587  
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<br>and Certificate of<br>Status | \$113.75 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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

**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:

Lead Mechanical Services, LLC (C14-14179)  
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 January 27th, 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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Lead Mechanical Services, INC.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: Date of Filing.  
(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SECRETARY OF STATE  
15 JUL 13 AM 9:27

Signed this 21<sup>st</sup> day of May, 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: Kristine A Broome  
Printed Name: Kristine A Broome Title: President

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

Signature: Kristine A Broome  
Printed Name: Kristine A Broome Title: MGR

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)

15 JUL 13 AM 9:27

STATE OF FLORIDA  
DIVISION OF CORPORATE

**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: Lead Mechanical Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business mailing address is:

Principal street address

Mailing address, if different is:

2115 Central Ave.  
Fort Myers, FL 33901

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Mechanical Work specializing in Air Conditioning

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Kristine A. Broome, President Name and Title: \_\_\_\_\_

Address: 6830 Highland Pines Cir Address: \_\_\_\_\_  
Ft Myers, FL 33906

Name and Title: W. Steven Brady, Secretary Name and Title: \_\_\_\_\_

Address: 6437 Scott Lane Address: \_\_\_\_\_  
Ft Myers, FL 33906

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUL 18 4:59:27

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kristine A. Broome

Address: 2115 Central Ave  
Ft Myers, FL 33901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristine A. Broome  
Address: 6830 Highland Pines Cir  
Ft. Myers, FL 33916

\*\*\*\*\*

*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*

Kristine A Broome  
Required Signature Registered Agent

5.21.15  
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.*

Kristine A Broome  
Required Signature Incorporator

7.8.15  
Date

SECRETARY OF STATE  
15 JUN 10 11 09:27