# P1500090515

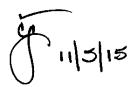
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### **COVER LETTER**

Division of Co	rporations			
SUBJECT: DYVER	SE CONTRACTORS II	NC		
	Name of	Resulting Florida	Profit (	Corporation
	e of Conversion, Articles Profit Corporation" in ac			tes are submitted to convert an "Other Busines 5, F.S.
Please return all corresp	ondence concerning this	s matter to:		
GLENROY MATTH	EW			
	Contact Person			
DYVERSE CONTRA	ACTORS INC			
	Firm/Company			
233 CURTIS AVE				
	Address			
GROVELAND, FL 3				
	City, State and Zip Code	e		
_GUNITMATTHEW@\ E-mail address: (t	AHOO COM o be used for future annu	ual report notificat	ion)	
For further information	concerning this matter, I	please call:		
GLENROY MATTHE	w	_at (_321)	231-8	3004
Name of Co	ontact Person	Area Co	de 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 and Certified Co		☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

TO:

**Charter Section** 

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**

FILED
15 001 30 PM 3-54

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:

GLEN MATTHEW LLC
Enter Name of Other Business Entity 130003e572
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 03/11/2013 .
Enter date "Other Business Entity" was first organized, formed or incorporated
<ol> <li>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:</li> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u></li> </ol>
DYVERSE CONTRACTORS INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 10-26-15.  (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.

Signed this 76 day of OCTOBE	R ,20 15.	
Required Signature for Florida Profit Corporation:	•	
Signature of Chairman, Vice Chairman, Director, 17ffic Incorporator:  Printed Name: DENROY MATCHEW Title: PRES	cer, or, if Directors or Officers have not bee	en selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(	s).]
Signature:		_
Printed Name: GLEN 604 MATHEW	Title: _ <i>MGR</i>	-
Signature:		-
Printed Name:	Title:	-
Signature:		-
Printed Name:	Title:	-
Signature:		-
Printed Name:	Title:	-
Signature:		<del>.</del>
Printed Name:	Title:	-
Signature:		-
Printed Name:	Title:	-
If Florida General Partnership or Limited Liability Signature of one General Partner.		
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		5
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)	FILED 607 30 PM 3

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

ARTICLE I		<b> -  -  </b>
The name of the	he corporation shall be: DYVERSE CONT	RACTORS INC 15 OCT 30 PN 3.51
	PRINCIPAL OFFICE	FOREITARY OF STATE
The principal p	place of business/mailing address is:	EALT ARIST EE, FLORIDA
	Principal street address	Mailing address, if different is:
233 CURTIS	SAVE	
GROVELAN	ND, FL 34736	
	I PURPOSE or which the corporation is organized is:	
		BUT NOT LIMITED TO; COMMERCIAL AND
		ITE MANAGEMENT, BUILDING REMODELLING AND
RECONST	ROCTION, BUILDING REPAIRS AND IMAI	NTENANCE AND ANY OTHER CONSTRUCTION AND
CONTRACT	ING RELATED SERVICES.	
ADTICLE IV	/ SHARES	
	f shares of stock is: 1,000	
ARTICLE V	/ INITIAL OFFICERS AND/OR DIRE	CTORS CTORS
Name and Titl	le: GLENROY MATTHEW , PRESIDENT	Name and Title:
Address:	233 CURTIS AVE	Address:
	GROVELAND, FL 34736	
Name and Titl	le:GLENROY MATTHEW, SECRETARY	Name and Title:
Address:	233 CURTIS AVE	Address:
	GROVELAND, FL 34736	
Name and Titl	le: GLENROY MATTHEW, TREASURER	Name and Title:
Address:	233 CURTIS AVE	Address:
	GROVELAND, FL 34736	

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O.	Box NOT acce	eptable) of the	registered agent is:
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Name:

**GLENROY MATTHEW** 

Address:

233 CURTIS AVE

GROVELAND, FL 34736

**ARTICLE VII** INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Name:

**GLENROY MATTHEW** 

Address:

233 CURTIS AVE

GROVELAND, FL 34736

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

10-26-15 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.

equired Signature/incorporator

10 - 26 - 15 Date