

P16000003583

(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:

File date
12/31/15
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1/14/16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: J & S Home Services, Corp
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:

Stephanie Elsner
Contact Person

Firm/Company

8537 Shellbrook CV

Address

Baytown Bk FL 32173

City, State and Zip Code

Elsner06@comcast.net

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

For further information concerning this matter, please call:

Stephanie Elsner at (561) 771-0636

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

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Certificate of Conversion

For
"Other Business Entity"
Into
Florida Profit Corporation

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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:

J + S Home Services LLC

Enter Name of Other Business Entity W1500016307

2. The "Other Business Entity" is a LLC
(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)

9/24/15

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**:

J + S Home Services, Corp.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1-1-2016
(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
as the document's effective date on the Department of State's records.

Signed this 30th day of December, 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: X [Signature]
Printed Name: Stephanie Elsner Title: President chairman

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

Signature: X [Signature]

Printed Name: Stephanie Elsner Title: President

Signature: [Signature]

Printed Name: JASON Elsner Title: V.P.

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

J + S Home Services, Corp

DEC 31 PM 4:35

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

8537 Shellowbrook CV

Mailing address, if different is:

Baydter Bk FL 33473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Insurance & Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Elsner Director

Name and Title: Jason Elsner Officer

Address: 8537 Shellowbrook CV

Address: 8537 Shellowbrook CV

Baydter Bk FL 33473

Baydter Bk FL 33473

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: Stephanie Elmer
Address: 8537 Shallowbrook CV
Boynton Beach FL 33473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Elmer
Address: 8537 Shallowbrook CV
Boynton Beach FL 33473

Article VIII Effective Date
Please make the effective Date
1-1-2016

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

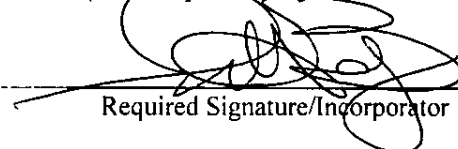


Required Signature/Registered Agent

12/30/15

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

12/30/15

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32399-0004