

P160000007326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

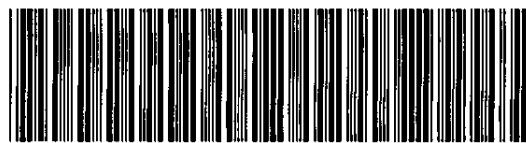
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/14--01008--001 **105.00

71.50
16 JAN 25 AM 11:42
CLERK OF COURT
STATE
OF FLORIDA

W15-83165

W15-89052

WMD 1/27

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: **SLADES TRADES, INC**
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:

SIMPLICE ESSOU, CPA

Contact Person

ELITE ACCOUNTING & CONSULTING

Firm/Company

3812 W LINEBAUGH AVENUE

Address

TAMPA, FL 33618

City, State and Zip Code

SIMPLICE@ELITEACANDCONSULT.COM

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

For further information concerning this matter, please call:

SIMPLICE ESSOU at **(813) 961-0800**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

September 26, 2014

ALESSI SHOYON
1698 N. HERCULES AVENUE
CLEARWATER, FL 33765

SUBJECT: SLADES TRADES, INC
Ref. Number: W14000059052

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

Please verify and correct the names and signatures. The names & signatures should be listed as "first" name, then the "last name".

The "INCORPORATOR'S" name needs to be enlarged for reading. An officer of this company must sign as the 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 814A00020688



Elite Accounting & Consulting, LLC

Certified Public Accountants

To: Division of Corporation

Re: Correction to application previously submitted.

This application was previously sent in and the fees paid. However, the owners' names were not listed as requested. We put down First name and then last name instead of the other way around.

Let me know if any questions.

Thank you,

Sincerely,

Simplice Essou, CPA, MBA

15 DEC 28 PM 4:24
FOR TAX DEPT
RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2015

SIMPLICE ESSOU, CPA
ELITE ACCOUNTING & CONSULTING
3812 W. LINEBAUGH AVENUE
TAMPA, FL 33618

SUBJECT: SLADES TRADES, INC.
Ref. Number: W15000083165

We have received your document for SLADES TRADES, INC. 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 converting Florida entity must be active on our records.

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.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 915A00027250

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED
16 JAN 25 AM 11:42
TALLAHASSEE FLORIDA

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:

SLADES TRADES, LLC

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 **01/23/2014**

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:

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

SLADES TRADES, 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; **AND** 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 01 day of JULY, 2014.

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 Shovon Alessi

Printed Name: ALESSI SHOYON Title: PRESIDENT

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

X Signature: Shovon Alessi
Printed Name: ALESSI SHOYON Title: MANAGER

X Signature: Shanna Alessi
Printed Name: ALESSI SHANNA Title: MANAGER

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: **SLADES TRADES, INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

**1698 N HERCULES AVE
CLEARWATER, FL 33765**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ALESSI SHOvon

Address:

**1698 N HERCULES
CLEARWATER, FL 33765**

Name and Title:

ALESSI SHANNA

Address:

**1698 N HERCULES
CLEARWATER, FL 33765**

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:

ELITE ACCOUNTING & CONSULTING SERVICES, LLC

Address:

3812 W LINEBAUGH AVENUE

TAMPA, FL 33618

FILED
16 JAN 25 AM 11:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

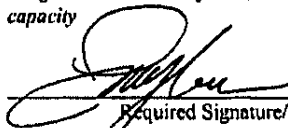
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALESSI SHOYON
Address: 1698 N HERCULES AVE
CLEARWATER, FL 33765

16 JAN 25 AM 11:42
STATE
CLEARWATER, FLORIDA
ED

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

04/26/2015

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

4/12/12/2015

Date