

P160000007326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

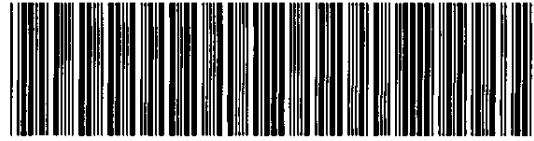
(Business Entity Name)

(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

16 JAN 25 AM 11:42  
TALLAHASSEE, FLORIDA

W115-83165

W111-59050

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:

- \$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

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 THE DIVISION OF CORPORATION  
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**

16 JAN 25 AM 11:42  
RECEIVED  
DEPARTMENT OF STATE  
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: *Sharon Alessi*

Printed Name: ALESSI SHOYON Title: PRESIDENT

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

X Signature: *Sharon Alessi*  
Printed Name: ALESSI SHOYON Title: MANAGER

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

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16 JAN 25 AM 11:42  
TALLAHASSEE FLORIDA

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)

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

**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: 1698 N HERCULES AVE  
CLEARWATER, FL 33765  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:	<u>ALESSI SHOvon</u>	Name and Title:	<u>ALESSI SHANNA</u>
Address:	<u>1698 N HERCULES</u> <u>CLEARWATER, FL 33765</u>	Address:	<u>1698 N HERCULES</u> <u>CLEARWATER, FL 33765</u>

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




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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


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

\*\*\*\*\*  
*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