## PILOCOCIOSLI

//	Daniel Maria	
(1	Requestor's Name)	
(4	Address)	
(/	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(E	Business Entity Nam	e)
(-		-,
	Document Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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SECREDARY OF STATE

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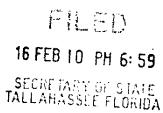
K. WHILE

## **COVER LETTER**

TO:	Charter Section Division of C						
SUBJ	ECT: H	Construction, Inc.					
3020		Name of	Resultir	ng Florida Pro	ofit	Corporation	
		ate of Conversion, Article a Profit Corporation" in a				ees are submitted to convert an "Othe 5, F.S.	r Business
Please	return all corre	spondence concerning thi	s matter	to:			
Lisa	Adams						
		Contact Person					
<u>Lice</u>	nses, Etc.						
		Firm/Company					
886	110th Ave. N						
		Address					
Nap	les, FL 34108						
		City, State and Zip Cod	e				
etc@	plicensesetc.c	om					
I	E-mail address:	(to be used for future ann	ual repo	rt notification	1)		
For fu	rther informatio	on concerning this matter,	please c	all:			
Lisa	Adams		at (	239 )	77	7-8321	
	Name of	Contact Person	(	Area Code	and	Daytime Telephone Number	
Enclos	sed is a check for	or the following amount:					
<b>□</b> \$10	5.00 Filing Fee	s \$\Bigs \text{\$\Bigs 113.75 Filing Fees}\$ and Certificate of Status		3.75 Filing Fe ertified Copy	ees	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRESS	<u>5:</u>				ING ADDRESS: ilings Section	
	Filings Section on of Corporati	ons				on of Corporations	
Clifton	n Building			P. C	O. B	lox 6327	
2661 F	Executive Cente	er Circle		Tal	laha	assee, FL 32314	

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
HP Construction, 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 06/13/2012
Enter date "Other Business Entity" was first organized, formed or incorporated
<ul> <li>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:         <ul> <li>N/a</li> </ul> </li> <li>4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:</li> </ul>
•
HP Construction, 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 Florid
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	d this	2nd `	day of	Februrary		, 20 <b>16</b>	
<u>Requi</u>	Required Signature for Florida Profit Corporation:						
Signat Incorp Printed	ure of Corator: d Name	Chairmar — — — — — — — — — — — — — — — — — — —	y Vice Chai	rman, Director, Of	ficer, or, if Director	ors or Officers have	not been selected, an
<u>Requi</u>	red Sig	nature(	s) on behalf	of Other Busines	s Entity: [See be	low for required sigr	nature(s).]
Signat	ure:	1	en tre	ter		now for required sign	
						RM	
Signat	ure:						
Printed	d Name	:			Title:		·
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<u>If Flor</u> Signat	rida Ge ure of o	neral Pa	artnership o ral Partner.	or Limited Liabili	ty Partnership:		
<u>If Flor</u> Signat	rida Lir ures of	nited Pa ALL Ge	artnership o eneral Partne	or Limited Liabili ers.	ty Limited Partn	ership:	
			ability Con	npany: zed Representative	e.		
All oth Signat		n author	ized person				
Fees:	Fees f Certif		y:	of Incorporation:	\$35.00 \$70.00 \$8.75 (Optior \$8.75 (Optior		

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

The name of the corporation shall be: HP Consti	ruction, Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
15318 Cortona Way	15318 Cortona Way
Naples, FL 34120	Naples, FL 34120
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	:
Any and all lawful business.	
	,
ARTICLE IV SHARES The number of shares of stock is: 1000	
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS
Name and Title: Terry L. Porter - President	Name and Title:
Address: 15318 Cortona Way	Address:
Naples, FL 34120	
Name and Title:	Name and Title:
Address:	Address:
Name and Title	
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:	Terry L. Porter	<u> </u>			
Address:	15318 Cortona Way	<u></u>			
	Naples, FL 34120	<u></u>			
ARTICLE					
The <u>name</u>	and address of the Incorporator is:				
Name:	Terry L. Porter	_			
Address:	15318 Cortona Way	<del>-</del>			
	Naples, FL 34120				
**************************************					
this certific	ate, I am familiar with and accept the	appointment as registered agent and agree to act in this capacity			
_	Terran Handan				
		02/02/2016			
	Required Signature/Registered Agent	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.					
	sur ge	02/02/2016			
Required Signature/Incorporator Date					

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