# P16000035754

(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:			
RECEIVED MAR 1 4 REC'D			



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03/15/16--01007--004 \*\*105.00



Office Use Only

3/02

#### **COVER LETTER**

TO: Charter Section Division of Corp	oorations				
SUBJECT: AMERICAN	BEST CLEANING SER	VICES INC			
SUBJECT,	Name of	Resulting F	lorida Profit	Corporation	
The enclosed Certificate Entity" into a "Florida P	of Conversion, Article rofit Corporation" in ac	s of Incorpo	ration, and fith s. 607.11	ees are submitted to convert a	n "Other Business
Please return all correspo	ondence concerning this	s matter to:			
MIGUEL CORTIJO					
	Contact Person				
	Firm/Company	·			
	rim/Company				
4119 TEE RD					
	Address				
SARASOTA, FLORIDA 3	4235				
C	City, State and Zip Code	•			
MCORTIJO@COMCAST	.NET				
E-mail address: (to	be used for future annu	al report no	otification)		
For further information c	oncerning this matter,	olease call:			
MIGUEL CORTIJO		at ( 941	400-7	110	
Name of Con	itact Person	_ \	rea Code and	Daytime Telephone Number	
Enclosed is a check for the	ne following amount:				
	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 and Certifi		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center C	ircle		New F Divisio P. O. B	ING ADDRESS: illings Section on of Corporations fox 6327 assee, FL 32314	

Tallahassee, FL 32301

## Certificate of Conversion For "Other Business Entity" Into

### Florida Profit Corporation

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:
AMERICAN BEST CLEANING SERVICES LLC
Enter Name of Other Business Entity  LIMITED LIABILITY COMPANY
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
(Enter state, or if a non-U.S. entity, the name of the country)
02/24/2016 on
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:
N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> AMERICAN BEST CLEANING SERVICES INC
Enter Name of Florida Profit Corporation
Ener Paine of Florida From Corporation
5. If not effective on the date of filing, enter the effective date:  SAME AS FILING DATE  (The effective date: 1)   10   10   10   10   10   10   10
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.)
<b>Note:</b> 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 thisday of	, 20_16		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: RIGOBERTO GRILLO Title: PRESID	per, or, if Directors or Officers have not been	n selected	
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s	).]三流	6 MAR
Signature:		ASS	<del>1</del>
Printed Name:	Title: MANAGER		PK
Signature:  Printed Name:  Priscipa Grillo  Printed Name:  PRISCILA GRILLO		STA LOR	2: 3
Printed Name: PRISCILA GRILLO	Title: MANAGER	DA DA	37
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:		
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	<u>Limited Partnership:</u>		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			
All others: Signature of an authorized person.			
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)		

## 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:  AMERICAN BEST O	CLEANING SERVICES INC
	LEANING SERVICES INC
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
- · · ·	
Principal street address 5001 ELFRIDA AVENUE	Mailing address, if different is to the control of
SARASOTA, FLORIDA 34235	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  ANY AND ALL LAWFUL BUSINESS	
	<u>.                                    </u>
	······································
ARTICLE IV SHARES 100	
Tl	
ARTICLE V INITIAL OFFICERS AND/OR DIS	RECTORS
Name and Title: RIGOBERTO GRILLO (PRESIDENT)	Name and Title:
5001 ELFRIDA AVENUE	
Address:  SARASOTA FL 34235	Address:
PRISCILA GRILLO (VP)	
Name and Title:	Name and Title:
Address: 5001 ELFRIDA AVENUE	Address:
SARASOTA FL 34235	
Name and Title:	Name and Title:
Address:	Address:

ARTICL	E VI REGISTERED AGENT				
The name	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:			
Name:	RIGOBERTO GRILLO				
Address:	5001 ELFRIDA AVENUE		产院	16	
	SARASOTA FL 34235		2	MAR	ŧ"
ARTICL	E VII INCORPORATOR	,		=	Surviyada Surviyada F
The name	and address of the Incorporator is:		<b>∵</b> ⊆;		
Name:	RIGOBERTO GRILLO	ŗ	ਦੂ <sub>ਂ</sub> ਉਨ੍ਹਾਂ		O
Address:	5001 ELFRIDA AVENUE	Š	5 <b>州</b>	37	
	SARASOTA FL 34235				
	**************************************				ignated in
J	Excy	03/10/2016			
	Required Signature/Registered Agent	Date			
I submit ti document	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information felony as provided for in s.817.155, F.S. 03/10/Z016	mation	subn	nitted in a
	Required Signature/Incorporator	Date			