

P16000034914

(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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten signature or initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2016

THOMAS WEEKS
7084 GRAPEVIEW BOULEVARD
LOXAHATCHEE, FL 33470

SUBJECT: T.W. ELEVATOR SOLUTIONS LLC.
Ref. Number: L12000029602

We have received your document for T.W. ELEVATOR SOLUTIONS LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$125.00.

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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 516A00006368

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TW ELEVATOR SOLUTIONS 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:

THOMAS WEEKS

Contact Person

TW ELEVATOR SOLUTIONS INC

Firm/Company

7084 GRAPEVIEW BLVD.

Address

LOXAHATCHEE, FL 33470

City, State and Zip Code

TW.elevator.solutions@yahoo.com

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

For further information concerning this matter, please call:

THOMAS WEEKS

Name of Contact Person

at (954) 536-4639

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

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

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SECRETARY 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:

T.W. ELEVATOR SOLUTIONS LLC L12-29602

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC (Single Member)
(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 3/29/2012
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 attached Articles of Incorporation:

T. W. ELEVATOR SOLUTIONS INC. (S CORPORATION)

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 4/1/2016
(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 listed as the document's effective date on the Department of State's records.

Signed this 13th day of April, 20 16.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: [Signature]
Printed Name: THOMAS WEEKS Title: PRESIDENT

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

Signature: [Signature]

Printed Name: THOMAS WEEKS Title: MGR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership: N/A

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership: N/A

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative. N/A

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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TALLAHASSEE FLORIDA

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

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ARTICLE I NAME

The name of the corporation shall be: TW ELEVATOR SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7084 GRAPEVIEW BLVD.

SAME

LOXAHATCHEE, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ELEVATOR REPAIR

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS WEEKS

Name and Title: _____

Address: 7084 GRAPEVIEW BLVD

Address: _____

LOXAHATCHEE, FL 33470

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: THOMAS WEEKS
Address: 7084 GRAPEVIEW BLVD.
LOXAHATCHEE, FL 33470

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS WEEKS
Address: 7084 GRAPEVIEW BLVD.
LOXAHATCHEE, FL 33470

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

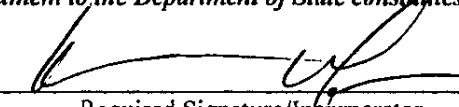
✓ 

Required Signature/Registered Agent

✓ 4-13-16

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

✓ 4-13-16

Date