

P160000040510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 25 PM 12:18

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Palm Cove Cabinetry & Renovation 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:

Sherlyn Leonard

Contact Person

All In One Tax Inc

Firm/Company

1236 N Pine Hills Road

Address

Orlando, FL 32808

City, State and Zip Code

sherlynleonard@bellsouth.net

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

For further information concerning this matter, please call:

Sherlyn Leonard

at ( 321 )

436-7841

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

**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:

Palm Cove Cabinetry, LLC

- 706000068162

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
 (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 July 08th, 2006

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:

Florida

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

Palm Cove Cabinetry & Renovation Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: March 21st, 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 17th day of March, 2016

**Required Signature for Florida Profit Corporation:**

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

Printed Name: RADCLIFF ALLEN Title: PRESIDENT

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

Signature: [Signature]

Printed Name: Radcliff Allen Title: President

Signature: [Signature]

Printed Name: Eduar Triana Title: Vice-President

Signature: [Signature]

Printed Name: Renaldo Morales Title: Secretary

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.

**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: Palm Cove Cabinetry & Renovation Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

6843 Narcoossee Road, Ste 82

Orlando, FL 32822

**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: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Radcliff Allen, President

Name and Title: \_\_\_\_\_

Address: 6843 Narcoossee Road, Ste 82

Address: \_\_\_\_\_

Orlando, FL 32822

Name and Title: Edgar Triana, Vice-President

Name and Title: \_\_\_\_\_

Address: 3558 Aristotle Ave

Address: \_\_\_\_\_

Orlando, FL 32826

Name and Title: Reinaldo Morales, Secretary

Name and Title: \_\_\_\_\_

Address: 522 Berry James Court

Address: \_\_\_\_\_

Kissimmee, FL 34744

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DIVISION OF CORPORATIONS

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Sherlyn Leonard  
Address: 1236 N Pine Hills Road  
Orlando, Fl. 32808

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

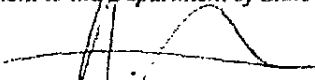
Name: Radcliff Allen  
Address: 6843 Narcoossee Road, Ste 82  
Orlando, FL 32822

\*\*\*\*\*  
*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

3/17/16  
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

3-17-16  
Date