

P16000043252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

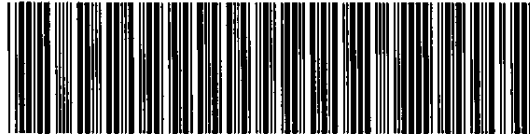
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/13/16--01014--002 **113.75

FILED
SECRETARY OF STATE
MAY 19 2016
10:25 AM

05/19/16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: L & R REPAIR SERVICES CORP
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:

ROSA D CABRERA

Contact Person

L & R REPAIR SERVICES CORP

Firm/Company

3904 N ARLINGTON AVE

Address

TAMPA, FL 33603

City, State and Zip Code

info@bnmultiservices.com

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

For further information concerning this matter, please call:

ROSA D CABRERA

at (813) 382-8059

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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:

L & R REPAIR SERVICES, LLC

(44-167048) ✓

Enter Name of Other Business Entity

LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a _____
(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, USA

(Enter state, or if a non-U.S. entity, the name of the country)

on _____
11/01/2014 ✓

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:

N/A

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

L & R REPAIR SERVICES CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 05/10/2016

(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.

2016 MAY 10 PM 2:53
CLERK OF COURT
STATE OF FLORIDA

Signed this 10 day of MAY, 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: Rosa D Cabrera.

Printed Name: ROSA D CABRERA Title: PRESIDENT

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

Signature: Rosa D Cabrera.

Printed Name: ROSA D CABRERA Title: PRESIDENT

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:

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)

FILED
2016 MAY 10 PM 3:59
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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: L & R REPAIR SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

3904 N ARLINGTON AVE, TAMPA FL 33603

Mailing address, if different is:

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: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSA D CABRERA PRESIDENT

Name and Title: _____

Address: 3904 N ARLINGTON AVE

Address: _____

TAMPA, FL 33603

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
IN THE
CLERK'S
OFFICE
OF THE
STATE
OF FLORIDA
JAN 11 2006
TAMPA

ARTICLE VI REGISTERED AGENT

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

Name: ROSA D CABRERA

Address: 3904 N ARLINGTON AVE
TAMPA, FL 33603

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSA D CABRERA

Address: 3904 N ARLINGTON AVE
TAMPA, FL 33603

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

Rosa D Cabrera
Required Signature/Registered Agent

05/10/2016
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.

Rosa D Cabrera
Required Signature/Incorporator

05/10/2016
Date

RECEIVED
STATE
16 MAY 19 PM 2:53