

P 16000049829

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/16--01018--029 **105.00

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16 JUN - 6 PM 12:41
SOUTHERN FLORIDA

JUN 8 2016

S. GILBERT

W16 39226



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2016

MICHAEL P. FERRARA
915 SIDNEY TERRACE NW
PORT CHARLOTTE, FL 33948

SUBJECT: CONSERVA IRRIGATION OF SWFL, INC.
Ref. Number: W16000039226

We have received your document for CONSERVA IRRIGATION OF SWFL, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 316A00011236

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Conserva Irrigation of SWFL, 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:

Michael P. Ferrara
Contact Person

Conserva Irrigation of SWFL, Inc.
Firm/Company

915 Sidney Terrace NW
Address

Port Charlotte, FL 33948
City, State and Zip Code

mike.ferrara@conservairrigation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Ferrara at (941) 875-8376
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

FILED
16 JUN - 6 PM 12:40

DEPARTMENT 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:

Conserva Irrigation of SWFL, 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 03/21/2016
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:**

Conserva Irrigation of SWFL, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 05/17/2016

(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 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: Michael P. Ferrara

Printed Name: Michael P. Ferrara

Title: President

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

Signature: ✓ Michael P. Ferrara

Printed Name: Michael P. Ferrara

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)

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

FILED
16 JUN - 8 PM 12:40
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Conserva Irrigation of SWFL, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

915 Sidney Terrace NW

Port Charlotte, FL 33948

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct 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: Michael P. Ferrara P. S. T & D.

Name and Title: _____

Address: 915 Sidney Terrace NW

Address: _____

Port Charlotte, FL 33948

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: Michael P. Ferrara
Address: 915 Sidney Terrace NW
Port Charlotte, FL 33948

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael P. Ferrara
Address: 915 Sidney Terrace NW
Port Charlotte, FL 33948

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

✓ Michael P. Ferrara
Required Signature/Registered Agent

5/17/16
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.

✓ Michael P. Ferrara
Required Signature/Incorporator

5/17/16
Date