

P1600055318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

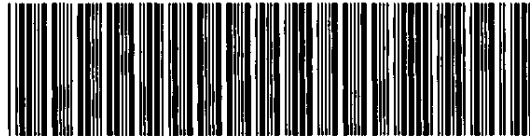
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/23/16--01010--027 **105.00

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TALLAHASSEE, FLORIDA
16 JUN 23 AM 7:13

mjm

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:

Jack and Jill Residential Services, LLC.

214600170395

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.)

_____ Florida
first organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

11/01/2014
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 **attached Articles of Incorporation**:

Jack and Jill Residential Services

Enter Name of Florida Profit Corporation

06/01/2016
5. If not effective on the date of filing, enter the effective date: _____

(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.

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Signed this 17 day of June, 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: Solomon Young

Printed Name: _____ Title: Chief Operating Officer

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

Signature: Evelyn L. Young

Printed Name: Evelyn Young Title: Registered Agent/ President

Signature: Solomon Young

Printed Name: Solomon Young Title: Registered Agent/ Vice President

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)

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COVER LETTER

TO: Charter Section
Division of Corporations

Jack and Jill Residential Services

SUBJECT: _____
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:

Solomon Young

Contact Person

Jack and Jill Residential Services

Firm/Company

5135 Us Hwy 19N Suite 250

Address

New Port Richey FL

City, State and Zip Code

solomon@jjrscorp

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

For further information concerning this matter, please call:

Solomon Young at (727) 364-4155

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" 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
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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

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

ARTICLE I NAME

Jack and Jill Residential Services Corporation

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
5135 Us Hwy 19N Suite 250

New Port Richey

FL 34652

Mailing address, if different is:
Same as Principal Street Address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is being organized for profit purposes. Its purpose are to generate profits by investing in residential and commercial properties. This term "investing" for the purpose of these articles will mean to buy, sell, hold, wholesale, renovate, rehab, lease and rent properties for profit purposes.

ARTICLE IV SHARES

1000 (one thousand shares)

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Evelyn Young- President

Address: 5135 Us Hwy 19N Suite 250
New Port Richey FL 34652

Name and Title: Solomon Young- President

Address: 5135 Us Hwy 19N Suite 250
New Port Richey FL 34652

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Evelyn Young
Address: 5135 Us Hwy 19N Suite 250
New Port Richey FL 34652

ARTICLE VII INCORPORATOR

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

Name: Solomon Young
Address: 5135 Us Hwy 19N Suite 250
New Port Richey FL 34652

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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

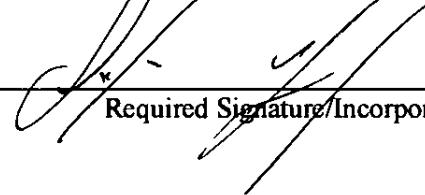


Required Signature/Registered Agent

6/17/2016

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.



Required Signature/Incorporator

06/17/2016

Date