

P16000062744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

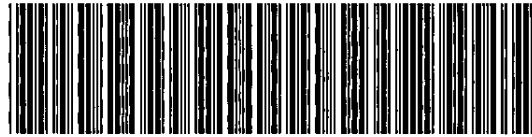
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100287668541

07/11/16--01038--029 **113.75

FILED
16 JUL 11 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/11/16
7/29/16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: POINCIANA CONSTRUCTION, 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 R. WILSON

Contact Person

WILSON HOME SERVICES, LLC

Firm/Company

8669 NORTH ELIZABETH AVENUE

Address

PALM BEACH GARDENS, FLORIDA 33418-6115

City, State and Zip Code

mjtwilson@mac.com

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

For further information concerning this matter, please call:

MICHAEL R. WILSON

at (561) 254-5263

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" 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

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:

WILSON HOME SERVICES, LLC

L15000107408

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 JUNE 15, 2015

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:

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

POINCIANA CONSTRUCTION, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JULY 15, 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.

FILED
16 JUL 11 PM 5:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signed this 6th day of July, 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: MICHAEL R. WILSON Title: PRESIDENT/DIRECTOR

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

Signature: [Signature]

Printed Name: MICHAEL R. WILSON Title: AMBR

Signature: _____

Printed Name: JUDY A. WILCOX-WILSON Title: AMBR

Signature: [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
16 JUL 11 PM 5:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

ARTICLE I NAME POINCIANA CONSTRUCTION, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
8669 NORTH ELIZABETH AVENUE SAME
PALM BEACH GARDENS, FLORIDA 33418-6115

ARTICLE III PURPOSE FOR ANY AND ALL LAWFUL PURPOSES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MICHAEL R. WILSON, D/P/T</u>	Name and Title:	<u>JUDY A. WILCOX-WILSON, D/VP/S</u>
Address	<u>8669 NORTH ELIZABETH AVENUE</u>	Address:	<u>8669 NORTH ELIZABETH AVENUE</u>
	<u>PALM BEACH GARDENS</u>		<u>PALM BEACH GARDENS</u>
	<u>FLORIDA 33418-6115</u>		<u>FLORIDA 33418-6115</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

16 JUL 11 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 R. WILSON
Address: 8669 NORTH ELIZABETH AVENUE
PALM BEACH GARDENS, FL 33418

FILED
16 JUL 11 PM 5:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE VII INCORPORATOR

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

Name: MICHAEL R. WILSON
Address: 8669 NORTH ELIZABETH AVENUE
PALM BEACH GARDENS, FL 33418

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 15, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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.

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

July 6, 2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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

July 6, 2016
Date