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(Ře	equestor's Name)	
(Ac	ddress)	
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(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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T. BURCH FEB 3 2017

COVER LETTER

TO: Charter Section Division of Corporation	ns			
SUBJECT: BOCA RENTAL SI	ERVICES, INC.			
SUBJECT:	Name of R	esulting Florida	Profit C	forporation
The enclosed Certificate of Co Entity" into a "Florida Profit C				es are submitted to convert an "Other Business 5, F.S.
Please return all correspondent	ce concerning this i	matter to:		
FRANK MONCINE				
Co	ontact Person			
BOCA RENTAL SERVICES, IN	NC.			
Fi	rm/Company			
22464 SWORDFISH DRIVE				
	Address			
BOCA RATON, FL 33428				
City, S	State and Zip Code			
E-mail address: (to be us	Sevulces sed for future annua	@YWhOD al report notifica	,CO∩ tion)	
For further information conce	rning this matter, p	lease call:		
FRANK MONCINE		954 at (557-80	017
Name of Contact		Area Co	ode and	Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:			
\$105.00 Filing Fees and C Statu	Certificate of	□\$113.75 Filing and Certified Co	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle			New Fi Division P. O. B	ING ADDRESS: illings Section on of Corporations sox 6327 assee, FL 32314

Tallahassee, FL 32301



January 27, 2017

FRANK MONCINE 22464 SWORDFISH DRIVE BOCA RATON, FL 33428

SUBJECT: BOCA RENTAL SERVICES, INC.

Ref. Number: W17000008070

We have received your document for BOCA RENTAL SERVICES, 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):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Tim Burch Regulatory Specialist III

Letter Number: 617A00001755

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 Conver BOCA RENTAL SERVICES, LLC	rsion is	S :	
Enter Name of Other Business Entity			÷
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY	17 F		;
(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 (Enter state, or if a non-U.S. entity, the name of the country) 05/15/2014	EB -2 PH 2: 38	FILED	50000000000000000000000000000000000000
Enter date "Other Business Entity" was first organized, formed or incorporated	ω		
 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>: BOCA RENTAL SERVICES, INC. 	Which	i it is now	V
Enter Name of Florida Profit Corporation			
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 file Department of State; AND 2) must be the same as the effective date listed in the attached Articles if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this d listed as the document's effective date on the Department of State's records.	of Inc	corporati	ida ion,

. •	. ** ***	1 M			
Signed t	his 33 day of January	, 20			
	ed Signature for Florida Profit Corporation:				
Signatur Incorpor Printed	re of Chairman, Vice Chairman, Director, Officerator: Name: FRANK MONCINE Title: PRESID	or, or, if Directors or Officers have not be	en select	ed, an	
Require	ed Signature(s) on behalf of Other Business F	Infity: [See below for required signature	(s).]		
Signatu	re: French Moron (J.G.,	_		
	FRANK MONCINE Name:				
Signatu	re:		_		
Printed	Name:	Title:	_		
Signatu	re:		_ _		
	Name:		_		
Signatu	re:		_ =: .	77	
Printed	Name:	Title:	<u> </u>	. FEB	
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Signatu	re:		7.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	: 38	
Printed	Name:	Title:			
Signatu If Flori	da General Partnership or Limited Liability re of one General Partner. da Limited Partnership or Limited Liability				
Signatu	res of <u>ALL</u> General Partners.				
Signatu All oth	ida Limited Liability Company: ure of a Member or Authorized Representative. When the Company: ers: ure of an authorized person.				
Fees:	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

The name of the corporation shall be: BOCA RENTAL SERV	VICES, INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address 22464 SWORDFISH DRIVE	Mailing address, if different is:	
BOCA RATON, FL 33428		_
ARTICLE III PURPOSE		_
The purpose for which the corporation is organized is:		
This corporation may transact any and all lawful business for w	hich corporations may be incorporated under the	
Laws of the State of Florida.		_
		_
		
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ARTICLE IV SHARES The number of shares of stock is: 1,000 Shares		_
ARTICLE V INITIAL OFFICERS AND/OR DIRE	ECTORS	
Name and Title: FRANK MONCINE - PRESIDENT	Name and Title:	_
Address: 22464 SWORDFISH DRIVE	Address:	
BOCA RATON, FL 33428		
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

ARTICL	E VI REGISTERED AGENT		
The name	and Florida street address (P.O. Box,N	OT acceptable) of the registered agent is:	
Name:	FRANK MONCINE		
Address:	22464 SWORDFISH DRIVE		
	BOCA RATON, FL 33428	_	
<u>ARTICL</u>		AHA.	T)
The <u>name</u>	and address of the Incorporator is:	Se 🗸	-
Name:	FRANK MONCINE		ΈD
Address:	22464 SWORDFISH DRIVE	2: 38 LORIDATE	
	BOCA RATON, FL 33428	, p ≥ •** CC	
*****	************	************	
		service of process for the above stated corporation at the place do ppointment as registered agent and agree to act in this capacity	esignated in
fi.	und Mercen.	23/1/17	
	Required Signature/Registered Agent	Date	

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a

1/23/17 Date

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator