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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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04/10/17--01023--003 \*\*113.75

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17 APR 19 PM 3:11  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

04/13/17

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** D & S Tools and Authorized Mateco Distributor, 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:

Dorothy Johnson

\_\_\_\_\_  
Contact Person

Diversified Corporation Services

\_\_\_\_\_  
Firm/Company

13154 Spring Hill Dr.

\_\_\_\_\_  
Address

Spring Hill, FL 34609

\_\_\_\_\_  
City, State and Zip Code

dorothy@diversifiedtaxes1.com

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

For further information concerning this matter, please call:

Dorothy Johnson

at ( 352 ) 683-5198

\_\_\_\_\_  
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<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>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:

D & S Tools an Authorized Mateco Distributor LLC

(L16-137829) ✓ 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 July 22, 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:

\_\_\_\_\_

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

D & S Tools and Authorized Mateco Tools Distributor, Inc.

\_\_\_\_\_ 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 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.

17 APR 10 PM 3:11  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 20 day of March, 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: Sherri L. Dixon  
 Printed Name: Sherri Dixon Title: Vice President

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

Signature: David Dixon  
 Printed Name: David Dixon Title: Managing Member

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)

RECEIVED  
 MAR 23 2017

BY: .....

RECEIVED  
 17 APR 10 PM 3:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

17 APR 10 PM 3:11  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I    NAME**

The name of the corporation shall be: D & S Tools and Authorized Matco Tools Distributor, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

14 06 Brown Deer Ct

Apopka, FL 32712

Mailing address, if different

**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: 1000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Dixon PS

Address: 1406 Brown Deer Ct

Apopka, FL 32712

Name and Title: Sherri Dixon VT

Address: 1406 Brown Deer Ct

Apopka, FL 32712

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sherri Dixon  
Address: 1406 Brown Deer Ct  
Apopka, FL 32712

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Diversified Corporation Services  
Address: 13154 Spring Hill Dr.  
Spring Hill, FL 34609

\*\*\*\*\*

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

Sherri L Dixon  
Required Signature/Registered Agent

3/20/17  
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.

Wendy Johnson  
Required Signature/Incorporator

3/20/17  
Date