

P17000044720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

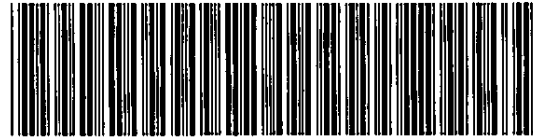
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/17--01003--002 **70.00

04/27/17--01011--003 **52.50

FILED
17 MAY 11 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH

MAY 22 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: JOSE NURSERY AND LAWN SERVICES CORPORATION

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:

GUILLERMO D CORTES

Contact Person

CORDURAN ACCOUNTING SYSTEMS LLC

Firm/Company

9881 NW 9TH COURT

Address

PLANTATION, FLORIDA 33324

City, State and Zip Code

corduran1@aol.com

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

For further information concerning this matter, please call:

GUILLERMO D CORTES

at (954) 8490079

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

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:

JOSE NURSERY AND LAWN SERVICE 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 STATE OF FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/14/2014

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:

SAME

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

JOSE NURSERY AND LAWN SERVICES CORPORATION

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: DAY OF FILING

(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 11 AM 10:30
FILED

Signed this 6TH day of MAY, 2017.

Required Signature for Florida Profit Corporation:

Signature of Jose S Leiva Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:
Printed Name: JOSE S LEIVA TORRES Title: DIRECTOR

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

Signature: Jose S Leiva
Printed Name: JOSE S LEIVA TORRES Title: MBR

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)

ARTICLE I NAME

The name of the corporation shall be: JOSE NURSERY AND LAWN SERVICES CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

5660 GRIFFIN ROAD

SAME

DAVIE, FLORIDA 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GROWING AND SELLING ORNAMENTAL PLANTS, AND ANY OTHER LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF ONE DOLLAR \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE S LEIVA TORRES , DIRECTOR

Name and Title: _____

Address: 31210SW 22ND STREET

Address: _____

FT.LAWDERDALE, FL.33312

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: JOSE S LEIVA TORRES
Address: 3121 NW 22ND STREET
FT. LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

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

Name: JOSE S LEIVA TORRES
Address: 3121 SW 22ND STREET
FT. LAUDERDALE, FL. 33312

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

JS

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

JS
Required Signature/Registered Agent

05/06/2017
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.

JS
Required Signature/Incorporator

05/06/2017
Date