# P1700067222

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



12/23/14--01030--003 \*\*105.00



Office Use Only

#### COVER LETTER

TO: Charter Section **Division of Corporations** 

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J Willard Enterprises Inc Name of Resulting Florida Profit Corporation SUBJECT:

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:

Julie Schultz
Contact Person
J. Willard Enterprises Inc. See document Firm/Company # W14000076258
234 N. Del Prado Blud #4
Address
Cape Coral, FL 33909
City. State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jule Schultz al 239, 458-7770
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:

S105.00 Filing Fees S113.75 Filing Fees S113.75 Filing Fees S122.50 Filing Fees, Status

and Certificate of

and Certified Copy

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2017

JULIE SCHULTZ 234 N. DEL PRADO BLVD #4 CAPE CORAL, FL 33909

SUBJECT: J WILLARD ENTERPRISES, INC Ref. Number: W17000049331

We have received your document for J WILLARD ENTERPRISES, 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):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 217A00011873



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2017

JULIE SCHULTZ 234 N. DEL PRADO BLVD #4 CAPE CORAL, FL 33909

SUBJECT: J WILLARD ENTERPRISES, INC Ref. Number: W17000049331

We have received your document for J WILLARD ENTERPRISES, 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):

You failed to make the correction(s) requested in our previous letter.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. 1 hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 217A00011873

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www.sunbiz.org

<u>Certificate of Conversion</u> For <u>"Other Business Entity"</u> Into
Florida Profit Corporation
This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Othe 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: JWILLAN ENTERPRISES LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(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 <u>FL</u> (Enter state, or if a non-U.S. entity, the name of the country)
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:

4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>: J. Willard Enterprises, <u>JDC</u> Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/14/14(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.

Page 1 of 2

ALLAHASSEE, FLORIDA 1 AUS - 7 AH 6: 11 : 1

Required Signature for Flo				
Signature of Chairman, Vice				
Incorporator: Charles Printed Name: Speph	Willarchile: _ Ros	esiden		
Required Signaturets on I	behalf of Other Business	Entity: [Se	e below for required :	signature(s).]
Signature	<u>,</u>		<u></u> _	
Printed Name: Jose	ph Willard	Title:	Manager	, 
Signature:			2	
Printed Name:				
Signature:				
Printed Name:		Title:		
Signature:		<b></b>		
Printed Name:		Title:		
Signature:				
Printed Name:	<del>_</del>	Title:		
Signature:				
Printed Name:	· · · · · · · · · · · · · · · · · · ·	Title:		<u></u>
<u>If Florida General Partner</u> Signature of one General Pa	rship or Limited Liability rtner.	<u>Partnershi</u>	<u>p:</u>	
If Florida Limited Partner		Limited Pa	rtnership:	
Signatures of <u>ALL</u> General				
If Florida Limited Liabilit Signature of a Member or A				
All others: Signature of an authorized p	erson.			
Fees:				
Certificate of Conve		\$35.00		
Fees for Florida Art	icles of Incorporation:	\$70.00		

•	OF INCORPORATION 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: Willow	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, it different is:
234 N. Del Prado Blud #4	
234 N. Del Prado Blud #4 Cape Coral, FL 33909	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Excivator Excipanzert F	Sental
	<u></u>
ARTICLE IV SHARES	
ARTICLE IV SHARES The number of shares of stock is: 100	
$\frac{\text{ARTICLE IV}  \text{SHARES}}{\text{The number of shares of stock is:} 100}$	
The number of shares of stock is: <u>100</u> ARTICLE V INITIAL OFFICERS AND/OR DIRI	
The number of shares of stock is: <u>ICO</u> ARTICLE V INITIAL OFFICERS AND/OR DIRINATION DIRINATIONATIONI DIRINATIONI DIRINATIONATIONI DIRINATIONI DIRINATIONI DIRINATIONI DIRINATIONI DIRINATIONI DIRI DIRINATIONI DIRINATIONI DIRI DIRINATIONI DIRI DIRI DIRI DIRI DIRI DIRI DIRI DI	Name and Title:
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRI Name and Title: Joseph Willard-Res Address: 18541 Stater Rd	Address:
The number of shares of stock is: <u>ICO</u> ARTICLE V INITIAL OFFICERS AND/OR DIRINATION DIRINATIONATIONI DIRINATIONI DIRINATIONATIONI DIRINATIONI DIRINATIONI DIRINATIONI DIRINATIONI DIRINATIONI DIRI DIRINATIONI DIRINATIONI DIRI DIRINATIONI DIRI DIRI DIRI DIRI DIRI DIRI DIRI DI	Address:
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRI Name and Title: Joseph Willard-Res Address: 18541 Stater Rd	Address:
The number of shares of stock is: 100 <u>ARTICLE V INITIAL OFFICERS AND/OR DIRI</u> Name and Title: <u>Joseph Willard-Res</u> Address: <u>18541 Stater Rd</u> <u>N:FF Myers FL 3371</u> Name and Title:	Name and Title:   Address:   ()   Name and Title:
The number of shares of stock is: 100 <u>ARTICLE V INITIAL OFFICERS AND/OR DIRI</u> Name and Title: <u>Joseph Willard-Res</u> Address: <u>18541 Stater Bd</u> <u>N:FT Myers</u> FL 3371	Address:
The number of shares of stock is: 100 <u>ARTICLE V INITIAL OFFICERS AND/OR DIRI</u> Name and Title: <u>Joseph Willard-Res</u> Address: <u>18541 Stater Bd</u> <u>N:FF Myers FL 3371</u> Name and Title: <u></u> Address: <u></u>	Name and Title:     Address:     ( )     Name and Title:     Address:
The number of shares of stock is: 100 <u>ARTICLE V INITIAL OFFICERS AND/OR DIRI</u> Name and Title: <u>Joseph Willard-Res</u> Address: <u>18541 Stater Rd</u> <u>N:FF Myers FL 3371</u> Name and Title:	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:

Joseph llarg 1. Name: G Address: ers FL 33917 { Y

#### ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Name:

Joseph Willard 18541 Address: 3917 N+1

#### \*\*\*\*\*\*\*\*

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

2

Required Signature/Registered Agent

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.

Bequired Signature/Incorporator