P17000077032

(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:		

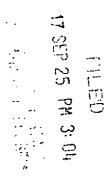
Office Use Only



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M7-67643



T. BURCH SEP 25 2017

COVER LETTER

TO: Charter Section

Division of	Corporations			
SUBJECT:	I MAIN STRE	ET PLUMBIN	G LLC	
	Name of Resulti	ng Florida Profit Corporati	on	
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 cor	respondence concernin	ng this matter to:		
JACKIE FAI	RRIS			
	Contact Person			
BSI CONTR	RACTOR SER	VICES		
	Firm/Company			
36 ARLING	TON RD S			
	Address			
JACKSONV	ILLE, FL 322	216		
	City, State and Zip Code			
JACKIE@BSIC	ONTRACTORSER	RVICES.COM		
E-mail address: (to	be used for future annual r	eport notification)		
For further informati	on concerning this ma	tter, please call:		
JACKIE FAF	RRIS	at (904) 68	3-5494	
Name of Con	tact Person	- ·	ne Telephone Number	
Enclosed is a check f	or the following amou	nt:		
□ \$105.00 Filing Fees	S113.75 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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	MAILING A New Filings S Division of Co P. O. Box 632 Tallahassee, F	Section orporations 7	



August 17, 2017

JACKIE FARRIS 36 ARLINGTON RD S JACKSONVILLE, FL 32216

SUBJECT: N MAIN STREET PLUMBING, INC.

Ref. Number: W17000067643

We have received your document for N MAIN STREET PLUMBING, INC. and your check(s) totaling \$113.75. 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.

Letter Number: 317A00016880

Tim Burch Regulatory Specialist III

www.sunbiz.org

Division of Communities D.O. BOY COOT Well-boson Electropega A

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 Conversion is:

of Conversion is:
N MAIN STREET PLUMBING 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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on 05/07/2012
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:
N MAIN STREET PLUMBING, 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
locument 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.)

Signed this	day of _	AUGUST	, 20 17	
Required S	Signature for Flor	ida Profit Corpora	tion:	
Signature o been selecte Printed Nar	f Chairman, Vice (ed, an Incorporator ne: Bobby V. Freeman,	Chairman, Director, : Bolly V Title:	Officer, or, if Directors or Officers MGRM	have not
signature(s).	.]	_	s Entity: [See below for required	
Signature: _ Printed Nam	Bobby V. Beeman, II	Treeman	Title: MGRM	
Signature: _ Printed Nam	ne:		Title:	
			Title:	
Signature: _				
			Title:	
Printed Nam	e:		Title:	— _
Signature: _ Printed Nam	e:		Title:	
If Florida G Signature of	eneral Partnership one General Partne	or Limited Liabilit r.	tv Partnership:	
If Florida Li Signatures of	imited Partnership ALL General Part	or Limited Liabilit ners.	y Limited Partnership:	
If Florida Li Signature of a	mited Liability Co a Member or Autho	ompany: rized Representative.		
All others: Signature of a	an authorized perso	n.		
Fees Certif	ficate of Conversio for Florida Articles fied Copy: ficate 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	EI NAME of the corporation shall be: N MAIN S	TREET PLUMBING, INC.
ARTICLE		
The princip	pal place of business/mailing address is:	
	Principal street address	Mailing address, if different is:
22 WE	ST 42ND ST	22 WEST 42ND ST
JACKSONVILLE, FL 32208		JACKSONVILLE, FL 32208
The purpos	EMI PURPOSE se for which the corporation is organized is: AND ALL LAWFUL BUSINES ICES & REPAIRS.	SS INCLUDING PLUMBING
 _		
ARTICLE	of shares of stock is: 10,000 V INITIAL OFFICERS AND/OR DIR	
Name and T	22 WEST 42ND ST JACKSONVILLE, FL 32208	Name and Title: Address:
lame and T		Name and Title:
	itle:	Address:
ddress:		Name and Title:Address:
	d Florida street address (P.O. Box NOT acce	ptable) of the registered agent is:
	BOBBY V. FREEMAN, II	
ddress:	22 WEST 42ND ST	
	JACKSONVILLE, FL 32208	

ARTICLE The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	JACKIE FARRIS - BSI CONTRACTOR SERVICES	
Address:	36 ARLINGTON RD S	
	JACKSONVILLE, FL 32216	
Having be designated capacity	in this certificate, I am familiar with and ac	rvice of process for the above stated corporation at the place coept the appointment as registered agent and agree to act in this
_	Required Signature/Registered Agent	Date
I submit to submitted i	his document and affirm that the facts sto in a document to the Department of State coi	tted herein are true. I am aware that any false information astitutes a third degree felony as provided for in s.817.155, F.S.
\bigcirc	UL TO	08/15/2017
19	Required Signature/Incorporator	Date