

P170000091325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

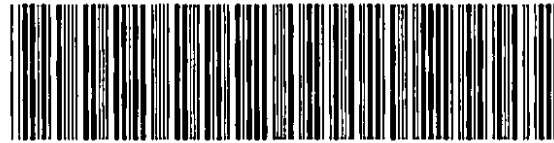
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/16/17--01034--024 **30.00

11/14/17--01044--005 **75.00

17 Nov 13 6:10:31
18 Nov 13 6:10:31

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T SCHROEDER

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:

MS STAFFING SOLUTIONS LLC 17-181768
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 08/24/2017
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**:

MS STAFFING SOLUTIONS, 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.

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Signed this 11 day of 23, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Myriane Sampeur

Printed Name: MYRIANE SAMPEUR Title: CHAIRMAN (CHAIRWOMAN)

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

Signature: Myriane Sampeur

Printed Name: MYRIANE SAMPEUR Title: AMBA

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)

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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: MS STAFFING SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

12724 GRAN Bay
PKWY WEST Suite 410
JACKSONVILLE, FL 32258

Mailing address, if different is:

8954 Needlepoint
PL Jacksonville
FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO provide Job Placement and to
engage in any other Lawful activity
for which corporations may be
incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZACHARIE SAMPEUR Name and Title: _____

Address: DIRECTOR
8954 Needlepoint Address: _____
PL Jax FL 32244

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: MYRIANE SAMPEUR
Address: 8954 Needle Point Pl
JACKSONVILLE FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

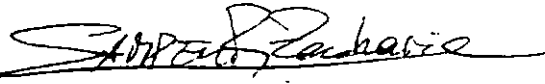
Name: ZACHARIE SAMPEUR
Address: 8954 Needle Point Pl
JACKSONVILLE FL 32244

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


Required Signature/Registered Agent

10/23/2017
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.


Required Signature/Incorporator

10/23/2017
Date

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CLERK
CORPORATION