# P17.000098726

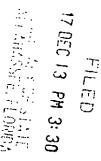
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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T. BURCH DEC 1 4 2017

## **COVER LETTER**

Tallahassee, Fl. 32301

то:	Charter Section Division of Co					
STIRT	ECT: Wallace Per	st and Termite LLC DBA	B & R Pest and	Termite		
3000	1,61,	Name of	Resulting Flo	rida Protit	Corporation	
		te of Conversion, Article Profit Corporation" in a			lees are submitted to convert an 15, F.S.	"Other Business
Please	return all corres	pondence concerning thi	s matter to:			
Sylvia	Wheeler					
		Contact Person		<del></del>		
Gulf C	oast Accounting S	ervices, LLC				
		Firm/Company	-			
4493 V	Voodbine Road					
		Address				
Pace, I	FL 32571					
		City. State and Zip Cod	c			
	vallace78@gmail.c					
ŀ	E-mail address: (t	o be used for future anni	ual report noti	fication)		
For fu	rther information	concerning this matter,	please call:			
Michae	el Wallace		850 _at (	380-0	979	
	Name of Co	ontact Person		a Code and	l Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
<b>=</b> \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fi and Certified		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
New F Division Clifton	ET ADDRESS: illings Section on of Corporation Building Executive Center			New F Divisio P. O. 1	ING ADDRESS: ilings Section on of Corporations Box 6327	

November 22, 2017

SYLVIA WHEELER 4493 WOODBINE ROAD PACE, FL 32571

SUBJECT: WALLACE PEST AND TERMITE INC DBA B & R PEST AND

TERMITE

Ref. Number: W17000093200

We have received your document for WALLACE PEST AND TERMITE INC DBA B & R PEST AND TERMITE and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 117A00023708

Tim Burch Regulatory Specialist III

www.sunbiz.org

## **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" immedia	ately prior to the filing of this Certificate of Conversion is:
Wallace Pest and Termite LLC	217-101584
Enter Nan	ne of Other Business Entity
2. The "Other Business Entity" is a Limited Liability	Company
(Enter entity type. Example: general partnership, common	limited liability company, limited partnership,
first organized, formed or incorporated under the law	FL.
(Enter state, or if a no	on-U.S. entity, the name of the country)
May 10, 2017	
Enter date "Other Business Ent	tity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" vorganized, formed or incorporated:	was changed, the state or country under the laws of which it is now
4. The name of the Florida Profit Corporation as set Wallace Pest and Termite Inc	forth in the attached Articles of Incorporation:
Enter Name	of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective on the date of filing, enter the effective of the second of the s	tive date:
(The effective date: Cannot be prior to nor more	than 90 days after the date this document is filed by the Florida
Department of State.) Note: If the date inserted in this block does not move	t the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Departi	ment of State's records.

Signed thisday of	20
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman, Director, Offi Incorporator:	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Bosiness	Entity: [See below for required signature(s).]
Signature:	
Signature:Michael Wallace	Title: MGR
Signature:	
Printed Name:	Title:
Signature:	<del></del>
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability	
Signatures of ALL General Partners.	The state of the s
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (P4071BEC 13 PM 3: 30

ARTICLE I The name of the	NAME ne corporation shall be: Wallace Pest an	#Termite Inc ### 25 CF 5	LATE ORIOA
ARTICLE II	-		
6036 Hialeah S	Principal street address	Mailing address, if different is:	
Pace, Fl. 3257	l		
	I PURPOSE for which the corporation is organized lawful business.	s:	_
			<del></del>
ARTICLE IX	V SHARES		
The number of	Calcamas at Catacalla Lac		
ARTICLE V	A Colon d William D. C. L.		
Name and Titl Address:	6036 Hialeah St.		
	Pace, FL 32571		
Name and Titl	e:	Name and Title:	
Address:			
Name and Titl	e:		
Address:		Address:	<del></del>

	E VI REGISTERED AGENT		
	e and Florida street address (P.O. Box NOT acceptab Michael Wallace	le) of the registered agent is:	
Name:	6036 Hialeah St		
Address:	Pace, FL 32571		<b>17</b>
ARTICL	E VII INCORPORATOR		F1 030
The name	and address of the Incorporator is:		FILED
Name:	Sylvia Wheeter		
Address:	4493 Woodbine Road		3: 3 <b>c</b>
	Pace, FL 32571		
******* Having be this certifi	**************************************	*****************************cess for the above stated corporation s registered agent and agree to act in	at the place designated in this capacity
	Julia Wheel	11-14-2017	
	Required Signature/Registered Agent	Date	_
I submit to document	his document and affirm that the facts stated herein a to the Department of State constitutes a third degree f	ire true. I am aware that any false it felony as provided for in s.817.155, F.	nformation submitted in a .S.
		11-14-2017	
	Required Signature/Incorporator	Date	<del></del>