

P18000003559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

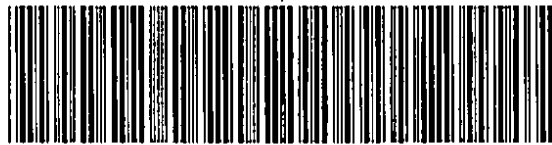
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CLERK OF STATE
AT LALUSSEE, FLORIDA

T. BURCH

JAN 12 2018

T. BURCH

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SOUTHERN AUTOMATED ACCESS SERVICES
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:

ROBERT SALIVA
Contact Person

SOUTHERN AUTOMATED ACCESS SERVICES
Firm/Company

23110 STATE ROAD 84, #141
Address

WITZ, FL 33549
City, State and Zip Code

SOUTHERNACCESSSERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SALIVA at (813) 714 1430
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

FILED

18 JAN 11 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SOUTHERN AUTOMATED ACCESS SERVICES, LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC 11-63073
(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 5/31/2011
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:

N/A

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

SOUTHERN AUTOMATED ACCESS SERVICES, INC.
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JAN 1, 2018
(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 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.

Signed this 8th day of JANUARY, 2018.

Required Signature for Florida Profit Corporation:

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

Incorporator: Robert Saliva

Printed Name: ROBERT SALIVA Title: CEO

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

Signature: Robert Saliva

Printed Name: ROBERT SALIVA Title: CEO

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: SOUTHERN AUTOMATED ACCESS SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
23110 STATE ROAD 54, #141
LUTZ, FL 33549

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WE ARE CHANGING FROM AN LLC
TO AN S CORP. WITH THE IRS.

ARTICLE IV SHARES

The number of shares of stock is: ~~100~~ ~~100~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT SALIVA CEO Name and Title: SHERRIE SALIVA CFO

Address: 7436 NIGHT HERON DR Address: 7436 NIGHT HERON DR
LAND O LAKE, FL LAND O LAKE, FL 34637
34637

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: ROBERT SALIVA
Address: 7436 NIGHT HERON DR.
LAND O LAKES, FL 34637

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT SALIVA
Address: 7436 NIGHT HERON DR.
LAND O LAKES, FL 34637

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Robert Saliva
Required Signature/Registered Agent

1/8/2018
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.

Robert Saliva
Required Signature/Incorporator

1/8/2018
Date