P16000031737

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
100	y/State/Zip/Phone	. 40		
(Cit	.y/State/Zip/Phone	= ++)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
I				
	Office Use O	1		
	Office Use On	1 Å		



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED 2018 MAR -8 PM 3: 10

* PAGE



February 19, 2018

SARAH LAWRENCE 2750 SETTLERS TRAIL SAINT CLOUD, FL 34772

SUBJECT: LANDSCAPE DESIGNS BY JEFF AND SARAH

Ref. Number: W18000016069

We have received your document for LANDSCAPE DESIGNS BY JEFF AND SARAH and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Keyna E Page Regulatory Specialist II

Letter Number: 318A00003406



COVER LETTER

	irter Section ision of Cor					
SUBJECT:	Lanc	iscape Designs by Jeff and	Sarah Inc.			
SUBJECT.		Name of	Resulting	Florida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert 15, F.S.	an "Other Business
Please retur	n all corres _l	ondence concerning this	s matter to):		
Sarah Lawre	nce					
		Contact Person		<u>.</u>		
Landscape D	Designs by Je	ff and Sarah Inc.				
		Firm/Company				
2750 Settlers	s Trail					
		Address				
Saint Cloud,	FL 34772					
		City, State and Zip Code	e			
ldjsnational@	_					
E-mai	l address: (t	o be used for future annu	ual report	notification)		
For further	information	concerning this matter,	please cal	1:		
Sarah Lawre	ence		_at (382-0	738	
	Name of Co	ontact Person		Area Code and	d Daytime Telephone Numb	er
Enclosed is	a check for	the following amount:				
\$105.00	Filing Fees	□\$113.75 Filing Fees and Certificate of Status		75 Filing Fees ified Copy	S122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET A New Filings Division of Clifton Buil 2661 Execu	Section Corporation	ns		New F Divisi P. O. I	ING ADDRESS: Cilings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

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:
Landscape Designs by Jeff and Sarah LLC LV6CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
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
(Enter state, or if a non-U.S. entity, the name of the country)
January 9th, 2016 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 attached Articles of Incorporation:
Landscape Designs by Jeff & Sarah Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: February 1st, 2018 The first state of filing and the filing are stated as t
(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

Page 1 of 2

PILLED PH 3: 10 SECRETARY OF STATE

Signed this 3rdday ofFebruary	y
Required Signature for Florida Profit Co.	
Signature of Chairman, View Chairman, Dire Incorporator: Daul Laurence Title Printed Name: Sarah Lawrence Title	ector, Officer, or, if Directors or Officers have not been selected, an le: Vice President/CFO
	Business Entity: [See below for required signature(s).]
,	
Printed Name:	Title: MGR
Signature: <u>Soul Parrener</u>	Title: MGR
	Title: MGR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited	d Liability Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Signatures of <u>ALL</u> General Partners.	1 Liability Limited Partnership:
If Florida Limited Liability Company:	
Signature of a Member or Authorized Repre	sentative.
All others: Signature of an authorized person.	Sentative.
Fanc.	SSE

2018 MAR -8 PH 3: 10
SECRETARY OF STATE
ALLAHASSEE, FLORMA

\$8.75 (Optional) \$8.75 (Optional)

\$35.00

\$70.00

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	
414 Country Vineyard Dr	2750 Settlers Trail	_
Valrico, FL 33594	Saint Cloud, FL 34772	_
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To provide landscaping services and to engage in any other law	wful activity for which corporations may	
be incorporated in this state.		•
	ALCO LOCAL	2018 MAR
	ASSEE.	8-
	FLORID	PM 3: 10
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS	
	Sarah II awrence Vice President/CFO	
Name and Title: Jeffrey S Focken, President/CEO	Name and Title: Sarah J Lawrence, Vice President/CFO	_
Name and Title: Jeffrey S Focken, President/CEO Address: 414 Country Vineyard Dr	Name and Title: Sarah J Lawrence, Vice President/CFO 2750 Settlers Trail	_
Name and Title: Address: Valrico, Fl. 33594 Joanna M Moore, Vice President/Secretary	Name and Title: Sarah J Lawrence, Vice President/CFO 2750 Settlers Trail Saint Cloud, FL 34772	- -
Name and Title: Address: Valrico, FL 33594 Name and Title: Joanna M Moore, Vice President/Secretary 1191 Bayshore Dr N	Name and Title: Sarah J Lawrence, Vice President/CFO	
Name and Title: Address: Valrico, Fl. 33594 Name and Title: Joanna M Moore, Vice President/Secretary Address: 1191 Bayshore Dr N Jacksonville, Fl. 32233	Name and Title: Sarah J Lawrence, Vice President/CFO	
Name and Title: Address: Valrico, FL 33594 Name and Title: Joanna M Moore, Vice President/Secretary Address: 1191 Bayshore Dr N	Name and Title: Sarah J Lawrence, Vice President/CFO	_ _

The name	and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Sarah Lawrence		
Address:	2750 Settlers Trail		
	Saint Cloud, FL 34772		
ARTICL			
The <u>name</u>	and address of the Incorporator is:		
Name:	Sarah Lawrence		
Address:	2750 Settlers Trail		
	Saint Cloud, FL 34772		
	een named as registered agent to accept service of proicate, I am familiar with and accept the appointment a		
	James auxer Ce		
	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herein of to the Department of State constitutes a third degree j		ution submitted in a
	Gard Kannener	2/3/2018	
	Required Signature/Incorporator	Date	