

P18000036241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

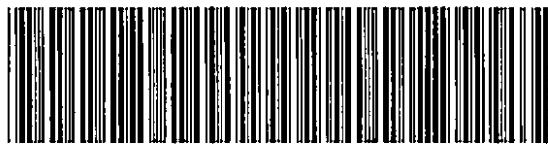
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/06/18--01024--026 \*\*105.00

APR 23 2018 10:06 AM  
FILING OFFICE

19 APR 23 AM 10:06

FILED

APR 23 2018

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Zap-It Pest and Lawn Services Inc

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:

Glen J Sweikata

Contact Person

Zap-It Pest Services LLC

Firm/Company

8537 Cordovia Ave

Address

Jacksonville FL 32244

City, State and Zip Code

SLSWEIKATA@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glen J Sweikata

904

237-8337

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    ☐ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees,  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    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**

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:

Zap-It Pest Services LLC

416-50849

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 March 15, 2016

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**:

Zap-It Pest and Lawn Services Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective 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 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.

FILED  
18 APR 23 AM 10:06  
TALLAHASSEE, FLORIDA  
CLERK OF THE SUPREME COURT

Signed this 15 day of April, 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: 

Printed Name: Glen J Sweikata Title: Present

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

Signature: 

Printed Name: Glen J Sweikata Title: VP

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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18 APR 23 AM 10:06  
CLERK OF COURT  
J. K. HARRIS

**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: Zap-It Pest and Lawn Services Inc

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

8537 Cordovia Ave

Jacksonville FL 32244

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

The general purpose for which the Company is incorporated is to transact any lawful business for which a Corporation may be organized under the laws of the State of Florida. The Corporation shall have all powers granted a Corporation under the laws of the State of Florida.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Glen Sweikata    President

Name and Title: Timothy Gallaher    Vice President

Address: 8537 Cordovia Ave

Address: 4889 Herton Drive

Jacksonville FL 32244

Jacksonville FL 32258

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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19 APR 23 AM 10:06  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL 32201

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Glen Sweikata  
Address: 8537 Cordovia Ave  
Jacksonville FL 32244

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Glen Sweikata  
Address: 8537 Cordovia Ave  
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*

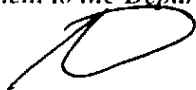


\_\_\_\_\_  
Required Signature/Registered Agent

4-15-18

\_\_\_\_\_  
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

4-15-18

\_\_\_\_\_  
Date

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18 APR 23 AM 10:06  
JACKSONVILLE, FLORIDA