

P18220041160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

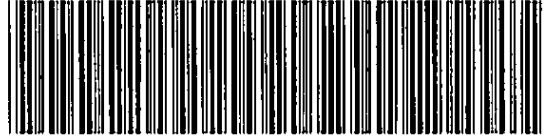
(Document Number)

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

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18 MAY -2 PM 1:53  
SERIAL 1641-1033  
FALCON HEIGHTS, TX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARVER Custom Inc.

Name of Florida Profit Corporation

The enclosed Certificate of Conversion and fee(s) are submitted to convert a Florida Profit Corporation into an "Other Business Entity" in accordance with s. 607.1113, F.S.

Please return all correspondence concerning this matter to:

Nancy Luna

Contact Person

Legalinc Corporate Services Inc.

Firm/Company

10601 Clarence Dr., Suite 250

Address

Frisco, TX 75033

City, State and Zip Code

ra@legalinc.com

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

For further information concerning this matter, please call:

Nancy Luna

Name of Contact Person

at ( 818 ) 967-1467

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee  
and Certificate of  
Status



\$43.75 Filing Fee  
and Certified Copy



\$52.50 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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18 MAY -2 PM 1:53  
STATE OF FLORIDA  
TALLAHASSEE

**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:

CARVER Custom LLC

L12000123622

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 09/27/2012

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**:

CARVER Custom 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.

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TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

Signed this 25th 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: [Signature]  
Printed Name: Bobby E. Carver Title: President

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

Signature: [Signature]  
Printed Name: Bobby E. Carver Title: Member

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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CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FLORIDA

**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: CARVER Custom Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

12143 Corner Oaks Drive

Jacksonville, FL 32223

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000 with \$0.01 par value

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

Name and Title: Bobby E. Carver, President

Address: 12143 Corner Oaks Drive

Jacksonville, FL 32223

Name and Title: Bobby E. Carver, III, Secretary

Address: 12143 Corner Oaks Drive

Jacksonville, FL 32223

Name and Title: Brenda Carver, Vice President

Address: 12143 Corner Oaks Drive

Jacksonville, FL 32223

Name and Title: Robin Roberston, Treasurer

Address: 12143 Corner Oaks Drive

Jacksonville, FL 32223

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

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

Name: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS BLVD, SUITE 400  
FORT MYERS, FL 33907

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Bobby E. Carver

Address: 12143 Corner Oaks Drive  
Jacksonville, FL 32223


\*\*\*\*\*

*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

4/25/2018  
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.*

  
Required Signature/Incorporator

4/25/2018  
Date

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18 MAY -2 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399