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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

MAY 0 9 2018

T SCHROEDER

COVER LETTER

Division of Corporations
SUBJECT: Thomas Roofing & Repair 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:
Matthew Thomas Contact Person
Contact Person
Firm/Company
5360 Chatsworth Ct
City. State and Zip Code
Thomas Rooting Repair 1 @ gmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
McHhew Thomas at (407) 733 6319 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$105.00 Filing Fees and Certificate of Status □ \$113.75 Filing Fees and Certified Copy Certified Copy and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32301

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:
Thomas Roofing & Pers. LLC U8-95209 Enter Name of Other Business Entity
·
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of Florical (Enter state, or if a non-U.S. entity, the name of the country)
on Apr. 16th 2018 Enter date "Other Business Entity" was first organized, formed or incorporated
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:
Thomas Roofing & Repair 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

Page 1 of 2

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SECRETARY OF STATE
NLLAHASSEE, FLORIDA

Signed this day of April	
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Mittue Thomas Printed Name: Metthew Thomas Title: Own	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business E	<pre>Intity: [See below for required signature(s).]</pre>
Printed Name: Motthe Thomas	Title: Owner Mgr
Signature:	
Printed Name:	
Signature:	
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.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	SEC TALL

Fees:

\$35.00 Certificate of Conversion: Fees for Florida Articles of Incorporation: \$70.00 \$8.75 (Optional) \$8.75 (Optional) Certified Copy:

Certificate of Status:

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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: Thoma	s Routing & Repair Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	(
5360 Chetsworth Cf orlide FL 32812	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Business Purposes fur	smill Routing business
	ECRETARY LLAHASSE
ARTICLE IV SHARES The number of shares of stock is: 100	AM II: 32 E. FLORIDA
Name and Title: Mathew Thomas Address: 5360 Chatsworth	Name and Title:
Orlado FL 3281 Name and Title:	2
Address:	Address:
Name and Title:Address:	

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Mitthew Thomas
Address: 5360 Chitsworth Ct
orlado fc 32812
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Name: McHhen Thomas
Address: 5360 Chicksworth Cf
Odado fc 32612

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
4/19/18
Required Signature/Registered Agent 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.
4/19/18
Required Signature/Incorporator Date

FILED

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SECRETARY OF STATE
FALLAHASSEE FLOSIE