

P1800007S144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

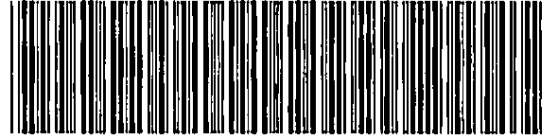
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800316460218

08/17/18--01023--002 **113.75

FILED

18 SEP - 5 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 06 2018
T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TECH SULL-UTIONS LLC

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:

PAUL W SULLIVAN

Contact Person

TECH-SULL-UTIONS LLC

Firm/Company

8 LAUREL OAKS CIRCLE

Address

ORMOND BEACH, FL 32174

City, State and Zip Code

allwiredtech@cfl.rr.com

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

For further information concerning this matter, please call:

PAUL W SULLIVAN at (386) 479-9882

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input checked="" type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

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:

TECH-SULL-UTIONS LLC 616-157218
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 08-22-2016
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:

TECH-SULL-UTIONS ~~LLC~~ INC
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 09-01-18
(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 SEP -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 14 day of AUGUST, 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: / Paul Sullivan

Printed Name: PAUL W SULLIVAN Title: CHAIRMAN

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

Signature: / Paul Sullivan

Printed Name: PAUL W SULLIVAN Title: MBR/MGR

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)

FILED
18 SEP -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME TECH-SULL-UTIONS INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address <u>8 LAUREL OAKS CIRCLE</u> <u>ORMOND BEACH, FL 32171</u> _____ _____	Mailing address, if different is: _____ _____ _____ _____
--	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT CORPORATION, INFORMATION TECH SALES AND SERVICES

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PAUL W SULLIVAN.PRESIDENT</u> Address: <u>8 LAUREL OAKS CIRCLE</u> <u>ORMOND BEACH, FL 32171</u> _____ _____ Name and Title: _____ Address: _____ _____ Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____ Name and Title: _____ Address: _____ _____
---	--

18 SEP - 5 AM '01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI REGISTERED AGENT

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

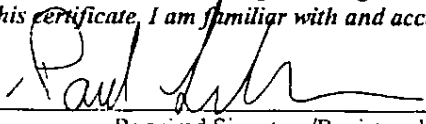
Name: PAUL W SULLIVAN
Address: 8 LAUREL OAKS CIRCLE
ORMOND BEACH FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

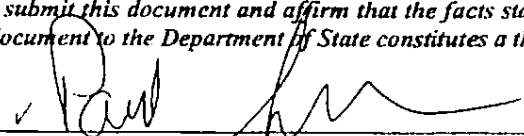
Name: PAUL W SULLIVAN
Address: 8 LAUREL OAKS CIRCLE
ORMOND BEACH FL 32174

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

8-29-18
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

8-29-18
Date

FILED
18 SEP -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA