

P 18000075380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

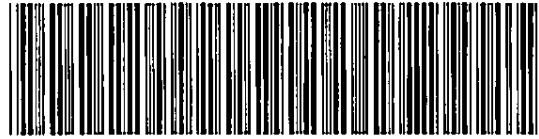
(Document Number)

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

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18 SEP -6 AM 10:45  
SEP 6  
CALL 602-255-1234

**COVER LETTER**

TO: Charter Section  
Division of Corporations

SUBJECT: VERMONT WHOLESALE TIRE, 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:

STEPHEN J. MURPHY  
Contact Person

LAW OFFICE OF STEPHEN J. MURPHY  
Firm/Company

28 BARRE STREET, SUITE 1  
Address

MONTPELIER, VT. 05602  
City, State and Zip Code

smorphlaw@pshift.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN J. MURPHY at (802) 229-0444  
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 and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$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

19 SEP -4 AM 10:45  
SEC. OF  
TALL.

**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:

VERMONT WHOLESALE TIRE, INC.  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a FOR PROFIT CORPORATION  
(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 VERMONT  
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/30/2004  
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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

VERMONT WHOLESALE TIRE, INC.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 9/1/2018

(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.

16 SEP - 6 AM 10:45  
FILED  
TALLAHASSEE

Signed this 31 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Signature: Robert Rochefort

Printed Name: ROBERT ROCHEFORT Title: PRESIDENT

Signature: Sheila Rochefort

Printed Name: SHEILA ROCHEFORT Title: TREASURER

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)

18 SEP -14 AM 10:45  
RECEIVED  
MAY 10 2018

**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: VERMONT WHOLESALE TIRE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
197 PRIMA DRIVE  
KISSIMMEE, FL 34759

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

WHOLE SALE TIRE SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ROBERT ROCHEFORT, PRESIDENT Name and Title: \_\_\_\_\_

Address: 197 PRIMA DRIVE Address: \_\_\_\_\_  
KISSIMMEE, FL 34759

Name and Title: MARK A. ROCHEFORT, VICE PRESIDENT Name and Title: \_\_\_\_\_

Address: 86 SPEAR ST. Address: \_\_\_\_\_  
CHARLOTTE, VT. 05445

Name and Title: SHEILA ROCHEFORT, SECRETARY Name and Title: \_\_\_\_\_  
TREASURER

Address: 197 PRIMA DRIVE Address: \_\_\_\_\_  
KISSIMMEE, FL 34759

18 SEP -4 AM 10:45

**ARTICLE VI REGISTERED AGENT**

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

Name: ROBERT ROCHEFORT

Address: 197 PRIMA DRIVE  
KISSIMMEE, FL 34759

**ARTICLE VII INCORPORATOR**

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

Name: ROBERT ROCHEFORT

Address: 197 PRIMA DRIVE  
KISSIMMEE, FL 34759

\*\*\*\*\*

*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*

Robert Rochefort  
Required Signature/Registered Agent

8/31/18  
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.*

Robert Rochefort  
Required Signature/Incorporator

8/31/18  
Date

4-1  
18 SEP - 4 AM 10:45  
CALL 777