

P1800076996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

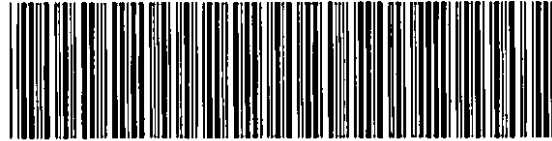
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 SEP 10 PM 1:47
SECRET
FALL 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: J Installations
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:

Justin Cullins
Contact Person

J Installations
Firm/Company

6525 Huntscott Place
Address

Jacksonville FL 32258
City, State and Zip Code

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

For further information concerning this matter, please call:

Justin Cullins at (325) 234 5372
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

18 SEP 10 PM 1:47
J. Cullins
JWCullins@gmail.com

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:

J Installations LLC L14000027941

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, United States
(Enter state, or if a non-U.S. entity, the name of the country)

on 02/11/2014

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**:

J Installation S. Corporation

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: September 1st 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.

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TALLAHASSEE

Signed this 17 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: Justin Cullins Title: owner

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

Signature: Shari Cullins

Printed Name: Shari Cullins Title: partner

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)

18 SEP 10 PM 1:47
STATE OF FLORIDA
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 09-10-2018 BY 60322 UCBAW

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: J Installations S. Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

6525 Huntscott place
Jacksonville FL 32258

6525 Huntscott place
Jacksonville FL 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this S. Corp is organized
is to make a profit

ARTICLE IV SHARES

The number of shares of stock is: 2 two

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Cullins President

Name and Title: Shari Cullins vicepresident

Address: 6525 Huntscott place
Jacksonville FL 32258

Address: 6525 Huntscott place
Jacksonville FL 32258

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

10 SEP 10 PM 4:47
FALL 2010

ARTICLE VI REGISTERED AGENT

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

Name: Justin Cullins
Address: 6525 Huntscott place
Jacksonville FL 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

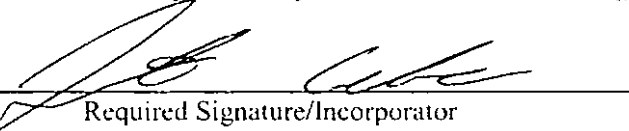
Name: Justin Cullins
Address: 6525 Huntscott place
Jacksonville FL 32258

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

9/17/18
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

9/17/18
Date

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FALL APT/SEC. 6