# P8000080269

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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#### COVER LETTER

Charter Section

2661 Executive Center Circle Tallahassee, FL 32301

Division of Cor				•
SUBJECT: MAID 2 SH	INE CLEANING, INC.			
SOBILET.	Name of	Resulting Florida	Profit (	Corporation
The enclosed Certificate Entity" into a "Florida l	e of Conversion, Articles Profit Corporation" in ac	of Incorporation cordance with s.	, and fe 607.111	res are submitted to convert an "Other Business 5, F.S.
Please return all corresp	oondence concerning this	matter to:		
STEVE A. MCKOWN, O	CPA			
	Contact Person		-	
JOSEPH D. MILLER, JR	& COMPANY, PA, CEI	RTIFIED PUBLIC		
	Firm/Company		-	
443 EAST PASADENA	AVENUE			
	Address		-	
CLEWISTON, FL 33440	i.			
	City, State and Zip Code	e	-	
STEVE@JOSEPHMILL				
E-mail address: (t	o be used for future annu	ial report notifica	ītion)	
For further information	concerning this matter.	please call:		
STEVE		863 at (	599-0	868
Name of Co	ontact Person		ode and	l 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 Filin and Certified C		☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building			New F Division	ING ADDRESS: Filings Section on of Corporations Box 6327

Tallahassee, FL 32314

## Certificate of Conversion

For

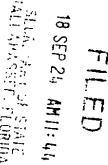
# "Other Business Entity"

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.

Business Entity" into a Florida Profit Corporation in accordance with s. 607,1113, Plofida Statutes.
. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
MAID 2 SHINE CLEANING, LLC $112 - 1859$
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
FLORIDA  FIRST organized, formed or incorporated under the laws of FLORIDA  (Enter state, or if a popul Scientify, the page of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
FEBRUARY 08, 2012
Enter date "Other Business Entity" was first organized, formed or incorporated
N/A  The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
MAID 2 SHINE CLEANING, 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 Florid 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.
Page 1 of 2
SS 8



Signed thisday of	, 20	
Required Signature for Florida Profit Corporation		
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: <u>GUADALUPE BURKETT Title: PRESI</u>		een selected. an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature	e(s).]
Signature: Mcollin Buch		_
Printed Name: GUADALUPE BURKETT	Title:	<del></del>
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	<del></del>
Signature:		<del></del>
Printed Name:	Title:	<del></del>
Signature:		<del></del>
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	<del></del>
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		18 St ALL M
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) Page 2 of 2	FILED SEP 24 AM II: 45 ANASSEE FLORIDA
	inge a or a	•

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

ARTICLE I NAME MAID 2 SHINE CLEA	NING, INC.			
he name of the corporation shall be:		<del></del>		<del></del>
ARTICLE II PRINCIPAL OFFICE				
he principal place of business/mailing address is:			,	
Principal street address		Mailing address	if different is:	
485 COUNTY ROAD 720	SA	<del>-</del>		
CLEWISTON, FL 33440				
				<del></del>
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:				
ANY AND ALL LEGAL PURPOSES.				
		<del>-</del> -		
		·		<del></del>
				<del></del>
	<del>.</del>		<del></del>	<del></del>
			. •••	
ARTICLE IV SHARES 100				
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS			
Name and Title: GUADALUPE BURKETT, PRESIDENT	Name and	MONIQUE C. E	BURKETT, SEC	RETARY
485 COUNTY ROAD 720		485 COUNTY R	OAD 720-	<u> </u>
Address:	Address:			SHP
CLEWISTON, FL 33440		CLEWISTON, FI	33440 (25)	2
			715	<b>≥</b> !I
Name and Title:	Name and	Title:		를 <u>한</u> 를 등
Address:	Address:		OR	<u>.                                      </u>
			> -	<b>S</b>
		<u></u>	<del></del>	
Name and Title:	Name and	Title:		<del></del>
Address:	Address:			
Address:	ruuress.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	

lame:	and Florida street address (P.O. Box NOT JOSEPH D. MILLER, JR. & COMPANY, P.	a certified	boppie socon	1143114	
.ddress:	443 EAST PASADENA AVENUE				
	CLEWISTON, FL 33440				
RTICL					
he <u>name</u>	and address of the Incorporator is:				
lame:	GUADALUPE BURKETT				
ddress:	485 COUNTY ROAD 720				
	CLEWISTON, FL 33440				
in certifi	**************************************	ointment as register	**************************************	ion at the place designat t in this capacity	ed in
aseph Submitt	een named as registered agent to accept servicate, I am familiar with and accept the apportune of State constitutes a thir	intment as registero (e/f-fiel)  d herein are true.	ed agent and agree to according $\frac{9/19/8}{2}$ Date  I am aware that any fals	t in this capacity  se information submitted	
aseph Submitt	icate, I am familiar with and accept the appo AM Cow, BA COT O. Miller In + Company, PA, Required Signature/Registered Agent In CACCOUNT and the facts state	intment as registero (e/f-fiel)  d herein are true.	ed agent and agree to according $\frac{9/19/8}{2}$ Date  I am aware that any fals	t in this capacity  se information submitted i, F.S.	