# P18000092692

| (Re                     | equestor's Name)   | <u>.</u>       |
|-------------------------|--------------------|----------------|
| (Ad                     | dress)             | · <del>-</del> |
| (Ad                     | dress)             |                |
| (Cit                    | ty/State/Zip/Phone | e #)           |
| PICK-UP                 | X WAIT             | MAIL           |
| (Bu                     | siness Entity Nar  | me)            |
| (Do                     | cument Number)     |                |
| Certified Copies        | _ Certificates     | s of Status    |
| Special Instructions to | Filing Officer;    |                |
|                         | LO6-5              | 5605           |
|                         |                    |                |

Office Use Only



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### COVER LETTER.

| TO: Charter Sec       | tion<br>Corporations                                       |                                       |          | :  |
|-----------------------|--|---------------------------------------|----------|--|
|                       | e Services Corporation                                     |                                       |          |  |
| SUBJECT:              |  | Resulting Florida                     | Profit ( | Corporation  |
|                       |  | s of Incorporation,                   | and fe   | es are submitted to convert an "Other Business                         |
| Please return all con | rrespondence concerning thi                                | s matter to:                          |          |  |
| Valerie R. Franklin   |  |                                       |          |  |
|                       | Contact Person   | · · · · · · · · · · · · · · · · · · · |          |  |
| Prestige Services (   | Corporation  |                                       |          |  |
|                       | Firm/Company   |                                       |          |  |
| 8646 Wakulla Sprir    | ngs Road   |                                       |          |  |
|                       | Address  |                                       |          |  |
| Tallahassee, FL 32    | 2305   |                                       |          |  |
|                       | City, State and Zip Cod                                    | e                                     |          |  |
| msvalerier@aol.co     |  |                                       |          |  |
| E-mail addres         | s: (to be used for future ann                              | ual report notificat                  | ion)     |  |
| For further informa   | tion concerning this matter,                               | please call:                          |          |  |
| Valerie R. Franklin   |  | 850<br>at (                           | 556-0    | 128  |
| Name o                | of Contact Person  | <del></del>                           | de and   | Daytime Telephone Number   |
| Enclosed is a check   | for the following amount:                                  |                                       |          |  |
| □ \$105.00 Filing F   | Fees □\$113.75 Filing Fees<br>and Certificate of<br>Status | □\$113.75 Filing and Certified Co     |          | ■\$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRE          | SS:  |                                       | MAIL     | ING ADDRESS:   |

New Filings Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

New Filings Section
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

**Certificate of Conversion** 

For

"Other Business Entity"

Into

Florida Profit Corporation

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2018 NOV 13 PM 3:51

SECRETARY OF STATE

TALL AHASSEF, FLORID:
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:  Prestige Services, LLC   |
|--|
| Enter Name of Other Business Entity  |
| Limited Liability Company  The "Other Business Entity" is a  |
| 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.) |
| FLORIDA first organized, formed or incorporated under the laws of  |
| first organized, formed or incorporated under the laws of FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)   |
| MAY 31, 2006<br>on   |
| 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:   |
| FLORIDA  |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:  |
| PRESTIGE SERVICE ENTER PRISE 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

| Signed :                      | 12TH<br>this  | day of  | . 20 18  |                  |
|-------------------------------|---|---|--|------------------|
|                               |   | r Florida Profit Corporation                                      |  |                  |
| Signatu<br>Incorpo<br>Printed | re of Chairman,<br>trator: <b>Valcu</b><br>Name: VALERIE                    | Vice Chairman, Director, Oft<br>U.E. K. Jack<br>R FRANKLIN Title: | The parator  | een selected, an |
| Requir                        | ed Signature(s)   | on behalf of Other Business                                       | Sentity: [See below for required signature                   | (s).]            |
|                               |   | rie K Ira   |  |                  |
| Printed                       | Name: VA/E  | RIE K. FRANKIII   | V Title: Manager   | _                |
| Signatu                       | ire:  |   |  |                  |
| Printed                       | Name:   |   | Title:   |                  |
| Signatu                       | ıre:  |   |  | _                |
| Printed                       | Name:   |   | Title:   | _                |
| Signatu                       | ıre:  |   |  | _                |
| Printed                       | Name:   |   | Title:   | _                |
| Signatu                       | ıre:  |   |  |                  |
| Printed                       | Name:   |   | Title:   | <del>_</del>     |
| Signatu                       | ire:  |   |  | _                |
| Printed                       | Name:   | <del>-</del>  | Title:   | _                |
|                               | ida General Par<br>ire of one Genera  | rtnership or Limited Liabili<br>al Partner.                       | tv Partnership:  |                  |
|                               | ida Limited Par<br>ires of <u>ALL</u> Gen                                   | rtnership or Limited Liabili<br>neral Partners.                   | ty Limited Partnership:                                      |                  |
|                               |   | bility Company:<br>or Authorized Representative                   | <b>5.</b>  |                  |
| All oth<br>Signatu            | iers:<br>ire of an authoriz   | zed person.   |  |                  |
| Fees:                         | Certificate of C<br>Fees for Florida<br>Certified Copy:<br>Certificate of S | a Articles of Incorporation:                                      | \$35.00<br>\$70.00<br>\$8.75 (Optional)<br>\$8.75 (Optional) |                  |

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

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| ARTICLE I NAME The name of the corporation shall be:  | ENTER PRISS                | TAK                              | 2018 HOV 13 PM 3:                       |  |
|---|----------------------------|----------------------------------|---|--|
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  |                            |                                  | SECRETARY OF STAT<br>TALLAHASSEE, FLORI |  |
| Principal street address  | Ma                         | iling address, it                |   |  |
| 8646 WAKULLA SPRINGS ROAD   | 8646 WAKULLA SPRINGS ROAD  |                                  |   |  |
| TALLAHASSEE, FLORIDA 32305  | TALLAHASSEE, FLORIDA 32305 |                                  |   |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  TO BE ABLE TO PROVIDE AND EXPAND CONSULTAN | T MANAGEMENT AN            | ID SERVICES.                     |   |  |
|   |                            |                                  | · · · · · · · · · · · · · · · · · · ·   |  |
|   |                            |                                  |   |  |
|   |                            |                                  |   |  |
| ARTICLE IV SHARES   |                            |                                  |   |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIR   | ECTORS                     |                                  |   |  |
| Name and Title:   | Name and Title:            |                                  |   |  |
| Address: 8646 WAKKULLA SPRINGS RD   | Address:                   | 46 WAKULLA                       |   |  |
| MATTHEW L FRANKLIN/ Director  |                            | LAHASSEE, F                      | ANKLIN/I DIRECTOR                       |  |
| Name and Title:   | Name and Title:            |                                  | • • · · ·                               |  |
| Address: 8646 WAKULLA SPRINGS RD TALLAHASSEE, FL 32305  | Address:                   | 46 WAKULLA :<br><br>LLAHASSEE, ! | <del></del>                             |  |
|   |                            |                                  | <del>.</del>                            |  |
| Name and Title:   |                            |                                  |   |  |
| Address:  | Address:                   |                                  |   |  |

| The <u>name and Flo</u> | <u>rida street address</u> (P.O. B | ox NOT acceptable) of the r    | egistered agent is:  |                           |
|-------------------------|------------------------------------|--------------------------------|--|---------------------------|
| Name: <u>lon .</u>      | y Franklin                         |                                |  |                           |
|                         | 16 Wakella Spen<br>MANAESEE, FL    | 155 RD                         |  |                           |
| TA                      | MALIAESEE, FL                      | 32305                          |  |                           |
| ARTICLE VII             | INCORPORATOR                       |                                |  |                           |
| The name and add        | dress of the Incorporator is:      |                                |  |                           |
| Name: Val               | exic K. FRAN                       | then                           |  |                           |
| Address: Sk             | He Wakella Sp                      | Rd.                            |  |                           |
|                         | MAhasser F                         | <b>~</b>                       |  |                           |
|                         | ,                                  |                                |  |                           |
| *****                   | *******                            | *******                        | ******   |                           |
|                         |                                    |                                | te above stated corporation at<br>ed agent and agree to act in thi |                           |
| tex                     |                                    |                                |  |                           |
| 1=                      | fr. Ha-                            |                                | 11/12/2011   |                           |
| - / Muz                 | red Signature/Registered Ag        |                                | 11/13/20/8   |                           |
| Kequi                   | red Signature/Registered Ag        | ent                            | Date   |                           |
|                         |                                    |                                | I am aware that any false info                                     | rmation submitted in a    |
| documents the D         | Department of State constitu       | tes a third degree felony as p | provided for in s.817.155, F.S.                                    |                           |
| Valer<br>Requir         | red Signature/Incorporator         | De.                            | 11/13/2018<br>Date   |                           |
|                         |                                    |                                |  | 5~1                       |
|                         |                                    |                                |  | SE                        |
|                         |                                    |                                |  | 温音和                       |
|                         |                                    |                                |  | 芸二                        |
|                         |                                    |                                |  | LED<br>13 PH<br>ANKY OF S |
|                         |                                    |                                |  | mg P                      |
|                         |                                    |                                |  |                           |
|                         |                                    |                                |  | 5 S                       |
|                         |                                    |                                |  | <del>-</del>              |

ARTICLE VI REGISTERED AGENT