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18 DEC -3 AM IO: 45
SECRETARY OF STATE
SECRETARY OF STATE

W18-101748



November 21, 2018

YELENA LAZUKINA 1820 BRANCH VINE DR W JACKSONVILLE, FL 32246

SUBJECT: FOUR WINDS CONSTRUCTION AND REPAIR CORP

Ref. Number: W18000101748

We have received your document for FOUR WINDS CONSTRUCTION AND REPAIR CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist III

Letter Number: 318A00023991

Read, and corrected, 11-29-18. Mink you.

TALLAHASSEE, FLOOR

## **COVER LETTER**

TO:

**Charter Section** 

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

SUBJECT: Four Winds

	Name of ives	ditting i fortua	i iom co	or poración			
The enclosed Certificate of C Entity" into a "Florida Profit					"Other	Busin	ess
Please return all corresponde	ence concerning this ma	atter to:					
Yelena LAZ	UKiND						
	Contact Person						
	Firm/Company						
1820 Branch	Address						
Jacks Onville,	FL 32246						
Ćity,	State and Zip Code						
aleshik 25 ( E-mail address: (to be i	O GMAU. CO	m report notificat	ion)				
For further information conc	erning this matter, plea	ise call:					
YELENA LAZU Name of Contact	kina at t Person	( <u>904</u> Area Co	719- ode and I	- <u>3050</u> Daytime Telephone Number			
Enclosed is a check for the fo							
\$105.00 Filing Fees CIS and Stat	Certificate of an	\$113.75 Filing ad Certified Co	py (	□S122.50 Filing Fees, Certified Copy, and Certificate of Status →			
STREET ADDRESS: New Filings Section				NG ADDRESS:	SECRE TALLAH,	18	
Division of Corporations Clifton Building				of Corporations	AHA:	DEC -	_

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:
Four Winds Construction and Repair LLC  Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of <u>F/Ori da</u> (Enter state, or if a non-U.S. entity, the name of the country)
on <u>October 8, 2018</u>
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 no organized, formed or incorporated: FL
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Four Winds Construction and Repair Corporation
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 Flori 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

18 DEC -3 AH ID: 46
SECRETARY OF SIGNAL AHASSEE! FI DOUB.

Signed this <u>13</u> day of <i>November</i>		
Signed this 19 day of NUVCINDE	, 20 <u>/6</u> .	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: <u>F. Chairman, Director, Office</u> Printed Name: <u>Andrey LAZUKIN</u> Title: <u>DWN</u>	er, or, if Directors or Officers have not be	en selected, an
Printed Name: Andrey LAZUKIN Title: DWNE		
Required Signature(s) on behalf of Other Business F		
Signature: Luymy Lazukina		_
Signature: <u>Lulpy Lazukina</u> Printed Name: <u>YELENA LAZUKINA</u>	Title: Authorized Rep	-
Signature:		<u></u>
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 Signature of one General Partner.	<u>Partnership:</u>	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		18 SEC TALL
All others: Signature of an authorized person.		FIL DEC-3 REDARY AHASSER
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)	FILED  18 DEC -3 AN IO: 46  SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

The name of the corporation shall be: <u>FOUT WINDS</u>	Constructio	n and Rep	rair Corp.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:			·
1820 Branch Vine DrW	Mailir	ng address. if differe	nt is:
Jacksonville, FL 32246	Sûme		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:			
We are organizing this construction and rep	Orporation	to be ab	le 10
Florida.			<u> </u>
ARTICLE IV SHARES The number of shares of stock is: //			
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS		
Name and Title: Andrey LAZUKIN,	Name and Title:	· .	————
Address: 1820 Branch Vine Dr W	Address:		18 DEC SECREI ALLIAHA
Jacksonville, FL 32246		<del>,</del>	EC-3
Name and Title:	Name and Title:		THE IT
Address:	Address:		57.7.2.5.6.
Name and Title:	Name and Title:		` <b>.</b>
Address:	Address:		

ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable)	ole) of the registered agent is:	
Name: <u>Yelena LAZUKina</u>		
Address: 1820 Branch Vine Dr W		
Jacksonville, FL 32246		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: <u>Andrey LAZUKin</u>		
Address: 1820 Branch Vine Dr W		
Jacksonville, FL 32246		
**************************************	**************************************	ed in
this certificate, I am familiar with and accept the appointment of		
0		
Lugmy Hazukina Required Signature/Registered Agent	<u> 11- 13-18</u>	
Required Signature/Registered Agent	Date	
I submit this document and affirm that the facts stated herein		l 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	//-/3-/8	
Required Signature/Incorporator	<u>//-/3-/8</u> Date	