# P19000000786

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

Office Use Only



600322456196

01/04/19--01004--002 \*\*105.00

Etherhia John

2019 JAN -4 PH 3: 46
SECRETARY OF STATE
TALL AHASSES FIRE

M. MILLIGAN JAN 04 2019

### **COVER LETTER**

TO: Charter Section

Tallahassee, FL 32301

Division of Co	rporations				
SUBJECT: EVERITE	TIME AND EQUIPMENT	, INC.			
3000EC1		Resulting Florida	Profit	Corporation	
The enclosed Certificat Entity" into a "Florida	e of Conversion, Article Profit Corporation" in ac	s of Incorporation coordance with s. (	, and fe 507.11	ees are submitted to convert an	"Other Business
Please return all corresp	pondence concerning thi	s matter to:			
JASON R. EVERETT					
<del></del> ,	Contact Person				
EVERITE TIME AND E	QUIPMENT, INC.				
	Firm/Company	<del></del>			
4997 BLOUNTSTOWN	HIGHWAY				
	Address				
TALLAHASSEE, FL 3	2304				
	City, State and Zip Cod	e			
ETE@EVERITETIME.	СОМ				
E-mail address: (t	o be used for future annu	ual report notificat	ion)		
For further information	concerning this matter,	please call;			
RANDALL W. SMITH,	CPA	850 at (	879-0	636	
Name of Co	ontact Person	_ \	de 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 and Certified Co	g Fees py	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center		)   	New F Divisio P. O. B	ING ADDRESS: dlings Section on of Corporations fox 6327 ussee, 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 price	or to the filing of this Certificate of Conversion is:
EVERITE TIME AND EQUIPMENT, LLC	L03-55675
Enter Name of Oth	ner Business Entity
2. The "Other Business Entity" is a LIMITED LIABILITY COM	<b>I</b> PANY
(Enter entity type. Example: limited general partnership, common law or	liability company, limited partnership,
first organized, formed or incorporated under the laws of	)RIDA
(Enter state, or if a non-U.S. e	ntity, the name of the country)
DECEMBER 23, 2003	
Enter date "Other Business Entity" was	first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was chan organized, formed or incorporated:  N/A  —————————————————————————————————	ged, the state or country under the laws of which it is now
4. The name of the Florida Profit Corporation as set forth in t	the attached Articles of Incorporation:
EVERITE TIME AND EQUIPMENT, INC	
Enter Name of Floric	la 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	JANUARY 31, 2019
Department of State.)	
<u>Note:</u> If the date inserted in this block does not meet the applished as the document's effective date on the Department of S	icable statutory filing requirements, this date will not be State's records.

Page 1 of 2

Signed thisday of	. 20 19
Required Signature for Florida Profit Corporation:	, 20
-	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: JASON R. EVERETT	
Printed Name: JASON R. EVERETT Title: PRESIDEN	NT
Required Signature(s) on behalf of Other Business En	ntity: [See below for required signature(s).]
Signature: Jaw Em	
Printed Name: JASON R. EVERETT	Title: PRESIDENT, DIRECTOR
Signature: Tepper a Everett	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	<del></del>
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability I Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	imited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	in the second
All others: Signature of an authorized person.	SCORTARA

\$8.75 (Optional) \$8.75 (Optional)

\$35.00 \$70.00

Fees:

Certificate of Conversion: Fees for Florida Articles of Incorporation:

Certified Copy:

Certificate of Status:

### FILED

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

ARTICLE I

NAME

2019 JAN -4 PM 3: 46

The name of the corporation shall be:	DEQUIPMENT, INC
The name of the corporation shan be.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 4997 BLOUNTSTOWN HIGHWAY	Mailing address, if different is:
TALLAHASSEE, FL 32304	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ANY AND ALL LAWFUL BUSINESS PURPOSES	
ANY AND ALL LAWFUL BUSINESS PURPOSES	
The number of shares of stock is:	
The number of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: JASON R. EVERETT . $\rho/p$	Nices and This is
· <del></del>	Name and Title:
Address: 7840 GEMINI LOOP	Address:
SNEADS, FL 32460	
IECEDEN D. EVEDETT	
Name and Title: JEFFREY R. EVERETT 5/D	Name and Title:
8257 CANOPY LANE Address:	
	Address:
SNEADS, FL 32460	
Name and Title:	Name and Title
The life in the second	Name and Title:
Address:	Address:
	·

Name:	JASON R. EVERETT		
Address:	7840 GEMINI LOOP		
ridacss.	SNEADS, FL 32460		
ARTICL	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	JASON R. EVERETT		
Address:	7840 GEMINI LOOP		
	SNEADS, FL 32460		
*******  Having be this certifi	**************************************	**************************************	nated in
this certifi	icate, I am familiar with and accept the appointment of	**************************************	nated in
this certifi	**************************************	s registered agent and agree to act in this capacity	nated in
I submit t	icate, I am familiar with and accept the appointment of the control of the contro	s registered agent and agree to act in this capacity  JANUARY 3, 2019  Date  The true. I am aware that any false information submit	
I submit t	Required Signature/Registered Agent	s registered agent and agree to act in this capacity  JANUARY 3, 2019  Date  The true. I am aware that any false information submit	

2019 JAN -4 PK 3: 46
SECRETARY OF STATE
PART ANASSES FOR DRIES