

P19000007486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

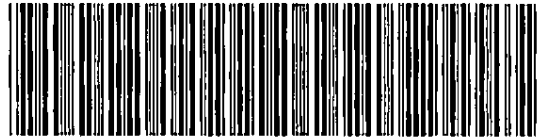
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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19 JAN 25 AM 9:57  
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T SCHROEDER

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: MAIN STREET LIMITED  
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:

Jean Pierre LESSARD  
Contact Person

MAIN STREET Limited  
Firm/Company

640 Golden Harbour Drive  
Address

Boca Raton FL 33432  
City, State, and Zip Code

PLESSARD@SNET.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN PIERRE LESSARD at (860) 490 1380  
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

**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:

MAIN STREET Limited INC.  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a CORPORATION  
(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 DELAWARE  
(Enter state, or if a non-U.S. entity, the name of the country)

on 10/31/1983  
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:

DELAWARE

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

MAIN STREET Limited INC  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: DEC 13 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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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Signed this 13 day of DECEMBER, 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: JEAN PIERRE LESSARD  
Printed Name: JEAN PIERRE LESSARD Title: PRESIDENT

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

Signature: [Signature]  
Printed Name: JEAN PIERRE LESSARD Title: PRESIDENT

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: MAIN STREET Limited INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

640 Golden Harbour Drive  
Boca Raton FL 33432

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FAMILY BUSINESS

19 JUN 25 AM 9:57  
SECRETARY OF STATE  
FALL AGENCY OF RECORDS

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000 NON PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jean Pierre LESSARD Name and Title: President

Address: 640 Golden Harbour Dr. Address:   
Boca Raton FL 33432

Name and Title: Jean Pierre LESSARD Name and Title: SECRETARY

Address: 640 Golden Harbour Dr. Address: SAME  
Boca Raton FL 33432

Name and Title: Jean Pierre LESSARD Name and Title: Treasurer

Address: SAME Address: SAME

**ARTICLE VI REGISTERED AGENT**

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

Name: Jean Pierre LESSARD

Address: 640 Golden Harbour DR.  
Boca Raton FL 33432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jean Pierre LESSARD

Address: 640 Golden Harbour DR.  
Boca Raton FL 33432

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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

Jean Pierre Lessard  
Required Signature/Registered Agent

12-13-2018  
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.

Jean Pierre Lessard  
Required Signature/Incorporator

12-13-2018  
Date

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19 JAN 25 AM 9:57  
ST. PETERSBURG, FLORIDA  
CLERK OF THE COURT