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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	
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COVER LETTER

Charter Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations
SUBJECT: A-C & L Contractor Uniterprise, INC 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:
Andrew Mihaly Contact Person
A-C & L Contractor Inc. Firm/Company
3195 CASTRETON DR APT. A Address
Bracle Steri , FL. 34208 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW M. hely at (941) 250-1338 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□\$105.00 Filing Fees and Certificate of Status □\$113.75 Filing Fees and Certified Copy Status □\$113.75 Filing Fees and Certified Copy and Certificate of Status
STREET ADDRESS: New Filings Section MAILING ADDRESS: New Filings Section

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 Co	nversion is:
Mihaly Enterprises Tex.	
Mihaly Enterprises Trx. Enter Name of Other Business Entity	_ •
2. The "Other Business Entity" is a	
tirst organized, formed or incorporated under the laws of UIS COLD (Enter state, or if a non-U.S. entity, the name of the country)	
on 06/18/2004	
on 06/18/2004 Enter date "Other Business Entity" was first organized, formed or incorporate	d
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:	
Florida	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	on:
A-C + L CONTRACTOR FINEVANISCINE	
A-C + L Contractor Enterprise 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 Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the listed as the document's effective date on the Department of State's records.	
Page 1 of 2	TALLUMASSES AN

Signed this 27 day of December	ek .20 18		
Required Signature for Florida Profit Corporatio	<u>n:</u>		
Signature of Chairman, Vice Chairman, Director, Of Incorporator: Printed Name: Audrew M, halfitle:	ficer, or, if Directors or Officers have not b	een selected, a	n
Required Signature(s) on behalf of Other Busines			
Signature: July May		_	
Printed Name: Andrew Mihaly	Title: President	_	
Signature: Crystal Margaret			
Printed Name: Crystal MARguzet Miha	-		
Signature:			
Printed Name:	Title:	_	
Signature:			
Printed Name:	Title:		
Signature:			
Printed Name:	Title:		
Signature:		_ 74	<u>.</u>
Printed Name:	Title:	_ <u></u>	Ž 11
Signature: Printed Name: Signature: Printed Name: If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.			. 3: 20 D
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	·.		
All others: Signature of an authorized person.			
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)		

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

ne name of the corporation shall be: A-C +			-,0	1	
PRINCIPAL OFFICE e principal place of business/mailing address is:					
Principal street address B195 CASTLETON DR. APT. A		Mailing addres	s, if differen	t is:	
Bradenton, FL. 34208					
RTICLE III PURPOSE ne purpose for which the corporation is organized is:	_				
Dwelling contractor	4	HVAC		}	<u> </u>
				3+ 6 	2 HAT
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				82. 12.1	4# 9: \$ 0
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rumber of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRE The and Title: Andrew Michaely - PRESIDE			Milie)y- v	
number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRI ne and Title: Andrew Milhaly - PRESIDER ress: 3195 Costleton DR. Apr. 19	Name and		Milie)y - v	
ne and Title: Ardlew Mihaly - PRESIDER ress: 3195 Cactleton DR. Art. A. Bradanton, Fl. 34208	Name and	3195 Cast	Mihan later L)y- v)R. 1	11CE PI 107. A
ne and Title: Andrew Milhaly - PRESIDER ress: 3195 Costleton DR. Arr. A. Bradenton, Fl. 34208	Name and Address:	3195 Cast Bradon	Mihey leter 1)y- v)R. 1	11(e P) 127. A
ne and Title: Ardlew Mihaly - PRESIDER ress: 3195 Cactleton DR. Art. A. Bradanton, Fl. 34208	Name and	3195 Cast Beacles	Mihan leter ()y- v)R. x	110e P1 1197. A
ne and Title: Andrew Milhaly - PRESIDER ress: 3195 Costleton DR. Arr. A. Bradenton, Fl. 34208	Name and Address: Name and Address:	3195 Cast Bradon	Mihay leter L)y- v)R. 194	11CE PI 1PT. A 12QP

ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name: Andrew Mihaly		
Address: 3195 CASTLOTON DR. APT A		
Brade Stop FL. 34208		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
A + 1		
Name: Anthrew Milaly		
Address: 3195 CASHICTON DR. AFT. A		
Bradentw FL 34008		
Haring karn arms of an amineral annual to account armine of annual	and the second s	ulans devicement in
Having been named as registered agent to accept service of pro this certificate, I am familiar with and accept the appointment a		• •
	are the desired agent and agree to determine ea	,
and May	12-27-18	
Required Signature/Registered Agent	Date	
I submit this document and affirm that the facts stated herein a		tion submitted in a
document to the Department of State constitutes a third degree j	jeiony us proviueu jor in x017.133, F.S.	
adul Mung	12-27-18 3 Date	
Required Signature/Incorporator	Date	9