

P190000015208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

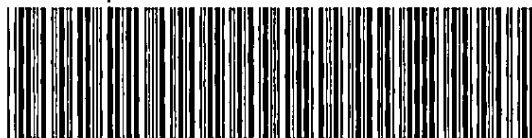
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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02/04/19--01004--000 \*\*30.00

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CLERK OF COURT  
TALLAHASSEE, FLORIDA  
19 FEB 22 AM 6:46

K. PAGE

FEB 22 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2019

MARK SHANE CANTRELL  
26369 NW 160TH PLACE  
HIGH SPRINGS, FL 32643

SUBJECT: CANTRELL'S CONSTRUCTION, INC.  
Ref. Number: W19000013756

2019 FEB 22 AM 8:11

We have received your document for CANTRELL'S CONSTRUCTION, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The name of the entity must be identical throughout the document.

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 419A00002990

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Cantrell's Construction, 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:

Mark Shane Cantrell  
Contact Person

Cantrell's Custom Renovations and Repair  
Firm/Company

26369 NW 160<sup>th</sup> Place  
Address

High Springs, FL 32643  
City, State and Zip Code

shane@CantrellsConstruction.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Shane Cantrell at (352) - 213-7658  
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
\$30 already sent and Certificate of and Certified Copy Certified Copy, and  
\$75 makes up to the difference Status 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:

Contrell's Custom Renovation and Repair, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company L15-133560  
(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 Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on 08/05/2015

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:

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

Contrell's Construction, Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: date of file

(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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Signed this 20 day of February, 2019

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

\*Incorporator: [Signature]  
Printed Name: Mark Shane Cantrell Title: President/CEO

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

\*Signature: [Signature]

Printed Name: Mark Shane Cantrell Title: President/CEO

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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**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: Cantrell's Construction, inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
26369 NW 160<sup>th</sup> Place  
High Springs, FL 32643

Mailing address, if different is:  
26369 NW 160<sup>th</sup> Place  
High Springs, FL 32643

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To upgrade from a handyman LLC service to a Construction  
firm S corp.

**ARTICLE IV SHARES**

The number of shares of stock is: One

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

Name and Title: Mark Shane Cantrell, President/CEO Name and Title: \_\_\_\_\_

Address: 26369 NW 160<sup>th</sup> Place  
High Springs, FL 32643

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Mark Shane Cantrell

Address: 26369 NW 160<sup>th</sup> Place  
High Springs, FL 32643

**ARTICLE VII INCORPORATOR**

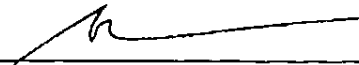
The name and address of the Incorporator is:

Name: Mark Shane Cantrell

Address: 26369 NW 160<sup>th</sup> Place  
High Springs, FL 32643

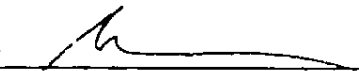
\*\*\*\*\*

*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*

x   
Required Signature/Registered Agent

2/20/19  
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.*

x   
Required Signature/Incorporator

2/20/19  
Date

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