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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

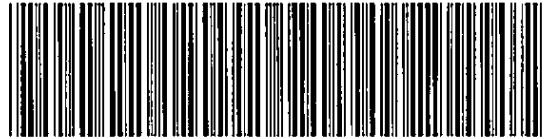
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19 MAR 11 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 20 2019

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Platt Lawncare, 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:

Melissa Platt

Contact Person

Firm/Company

P.O. Box 2384

Address

Lake Placid, FL 33862

City, State and Zip Code

platt89@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Platt

at (863) 781-3572

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,
and Certificate of and Certified Copy Certified Copy, and
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

FILED

19 MAR 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Platt Lawncare, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(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 October 26, 2018

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:**

Platt Lawncare, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: April 1st, 2019

(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.

Signed this 5th day of March, 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: Justin Platt

Printed Name: Justin Platt Title: President

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

Signature: Justin Platt

Printed Name: Justin Platt 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)

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: Platt Lawncare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

114 Carlton Street

P.O. Box 2384

Wauchula, FL 33873

Lake Placid, FL 33862

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawn Mowing and Yard Maintenance

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CLERK OF DISTRICT
JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500 shares (five hundred shares)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Platt / President

Name and Title: _____

Address: 562 Lake June Road

Address: _____

Lake Placid, FL 33852

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Justin Platt
Address: 562 Lake June Road
Lake Placid, FL 33852

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Melissa Platt
Address: 562 Lake June Road
Lake Placid, FL 33852

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19 MAR 11 AM 9:54
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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

Justin Platt
Required Signature/Registered Agent

3/5/19
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.

Melissa Platt
Required Signature/Incorporator

3/5/19
Date