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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 Status						
Special Instructions to Filing Officer:						

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 0 4 2019 T SCHROEDER

COVER LETTER

TO:	Charter Section Division of Co.					
SHRI	JECT: Number On	e Services, Inc.				
30130		Name of	Resulting	g Florida Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			fees are submitted to convert	an "Other Business
Please	e return all corres	oondence concerning thi	s matter to	o:		
Jeffrey	y S. Wood, Esq.					
		Contact Person				
Tripp	Scott, PA					
-		Firm/Company				
110 SI	E 6th Street, Suite 1	1500				
		Address				
Fort L	.auderdate, Florida	33301				
	-	City, State and Zip Cod	c			
LJN@	trippscott.com					
	E-mail address: (t	o be used for future annu	ual report	notification)		
For fu	irther information	concerning this matter.	please cal	II:		
Linda	Nottestad		954 at (627 3		
•	Name of Co	ontact Person		Area Code an	d Daytime Telephone Numb	er
Enclo	sed is a check for	the following amount:				
= \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		75 Filing Fees tified Copy	☐\$122.50 Filing Fees. Certified Copy, and Certificate of Status	
New F Divisi Clifton	EET ADDRESS: Filings Section ion of Corporation n Building Executive Center			New I Divisi P. O.	Filings Section on of Corporations Box 6327 nassee, FL 32314	

Tallahassee, FL 32301

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 C	onversio	on is:	
Number One Services, LLC / 18 - 24 \ 2010			
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.)	ρ.		
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)	,		
October 11, 2018 on			
Enter date "Other Business Entity" was first organized, formed or incorporation	ted		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the la organized, formed or incorporated:	ws of w	hich it	is now
N/A			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporat	ion		
Number One Services, Inc.	<u></u>		
Enter Name of Florida Profit Corporation			
·			
5. If not effective on the date of filing, enter the effective date: January 1, 2019			
(The effective date: Cannot be prior to nor more than 90 days after the date this document is Department of State.)			
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, listed as the document's effective date on the Department of State's records.	this date	e will r	10t be
Page 1 of 2	SECRE TALL AH	19 APF	-77 1,
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Signed thisday of	20 ²⁰¹⁸	
Required Signature for Florida Profit Cor	rporation:	
Signature of Chairman. Vice Chairman. Directorporator: Printed Name: Jeffrey S. Wood Title	ector. Officer, or, if Directors or Officers have not be	een selected, an
•	Business Entity: [See below for required signature	e(s).]
Signature: 24 3. US)	
Printed Name: Jeffrey S. Wood	Title: Incorporator	_
Signature:		_
Printed Name:	Title:	_
Signature:	·	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	_
Signature:		
	Title:	
Signature:		APR CREI
Printed Name:	Title:	- ω ARΥ (SSE
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:	APR -3 AM 9: 48 CRETARY OF STATE AHASSEE, FLORID
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:	AFE DRIDA

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) \$8.75 (Optional) Certificate of Status:

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

ARTICLE I NAME	Number One Service	ac Inc							
The name of the corporation shall be:								-	
ARTICLE II PRINCIPAL O	FFICE								
The principal place of business/mailir									
Principal street addr	rocc			Mailing	nddress. if c	difforon	ı. ies		
2360 WEST OAKLAND PARK BLVD		5	Same			meren	11 15.		
		_							_
OAKLAND BARK EL 22211		-			 -			_	_
OAKLAND PARK, FL 33311		_							_
ARTICLE III PURPOSE									
The purpose for which the corporation	on is organized is:								
All lawful purposes									
									-
									-
									-
		<u> </u>						- 	-
							25.0 23.0 23.0 23.0 23.0 23.0 23.0 23.0 23	19	
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							$\frac{1}{2}$	-	7
ARTICLE IV SHARES	•						FLORID	4.5	
The number of shares of stock is:						;	<u> </u>	_ 	
ARTICLE V INITIAL OFFIC	ERS AND/OR D.	IRECTORS							
PS 111 - F 3 F 1									
		Name an	id Title	:					-
Address: 4933 CHARDONNA	Y DRIVE	Address	;						
CORAL SPRINGS. FI	. 33067								
. President		_	•						_
Name and Title:	·· -	Name an	id Title	÷					_
Address:		Address							
								_	_
	=	<u> </u>							_
Name and Title:		Name an	nd Title	:					_
Address:									
.1601603.		77001025	•						

<u>ARTICEE VI REGISTERED AGENT</u>
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Tripp Scott PA c/o Jeffrey S. Wood Name: 110 SE 6th Street, Ste. 1500 Address: Fort Lauderdale, Florida 33301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Tripp Scott PA c/o Jeffrev S. Wood Name: 110 SE 6th Street, Ste. 1500 Address: Fort Lauderdale, Florida 33301 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 3/20/19 nature/Registered Agent 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 \$.817.155, F.S. 3/20/19 Date

FILED APR-3 AM 9:48