

PI9000032078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

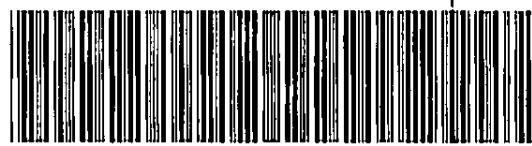
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: _____ **JTO CONTRACTING, 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:

MANLEY JEFFERSON HOOD

Contact Person

JTO CONTRACTING, LLC

Firm/Company

106 COMMERCE STREET, SUITE 103

Address

LAKE MARY, FLORIDA 32746

City, State and Zip Code

jeffh@jtocontracting.com

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

For further information concerning this matter, please call:

JAMES A. BARKS at (407) 321-1224
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 and Certificate of Status \$122.50 Filing Fees, and Certified Copy 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 32334

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:

JTO CONTRACTING, LLC

L14-65091

Enter Name of Other Business Entity

LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a _____

(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 the STATE of FLORIDA

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

on APRIL 20, 2014

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:

N/A

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

JTO CONTRACTING, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: APRIL 1, 2014

(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 15th 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: _____

Printed Name: _____ Title: _____

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

Signature: Manley Jefferson Hood

Printed Name: Manley Jefferson Hood Title: Manager

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: JTO CONTRACTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address
2904 S. ORLANDO DRIVE
SANFORD, FLORIDA 32773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose of the business to be transacted by this corporation is to engage in any and all lawful business permitted under the Law of the United States and the Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of common stock with \$1.00 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manley Jefferson Hood, President

Name and Title: Manley Jefferson Hood, Secretary

Address: 2904 S. Orlando Drive

Address: 2904 S. Orlando Drive

Sanford, Florida 32773

Sanford, Florida 32773

Name and Title: Manley Jefferson Hood, Treasurer

Name and Title: _____

Address: 2904 S. Orlando Drive

Address: _____

Sanford, Florida 32773

Name and Title: Manley Jefferson Hood, Director

Name and Title: _____

Address: 2904 S. Orlando Drive

Address: _____

Sanford, Florida 32773

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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: Manley Jefferson Hood
Address: 2904 S. Orlando Drive
Sanford, Florida 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manley Jefferson Hood
Address: 2904 S. Orlando Drive
Sanford, Florida 32773

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

Manley Hood
Required Signature/Registered Agent

3/15/18
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.

Manley Hood
Required Signature/Incorporator

3/15/18
Date

SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

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