# P19000047304

(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:

Office Use Only



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W19-46911

D O'KEEFE
JUN 1 0 2019



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2019

MADELINE BETANCOURT 219 FRANCES DRIVE ALTAMONTE SPRINGS, FL 32714

SUBJECT: RESCOM PRO SERVICES INC.

Ref. Number: W19000046911

We have received your document for RESCOM PRO SERVICES INC. and your check(s) totaling \$113.75. 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.

Because your document was received in this office prior to May 2 when the \$400 late fee went into effect, please return to sunbiz.org to file the annual report and submit payment by voucher with a check minus the \$400 late. Please complete the section ' Required Signature(s) on behalf of Other Business Entity ' in the Certificate of Conversion.

You must list at least one incorporator with a complete business street address.

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.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 319A00009619

www.sunbiz.org

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#### **COVER LETTER**

TO:	Charter Section Division of Cor						
SUBJ	SCENEDEO	CON CLEANING SERVIC	ES LLC				
SUBJ	ECT:	Name of	Resultin	g Florida Pr	ofit C	Corporation	
			s of Inco	rporation, ar	nd fee	es are submitted to convert an "Other Busines	S
Please	e return all corresp	ondence concerning this	s matter 1	to:			
Madel	ine Betancourt						
	<del></del>	Contact Person		<del></del>			
·		Firm/Company		<del></del>			
219 Fr	rances Drive						
	·	Address					
Altam	onte Springs, Florid	ia 32714					
		City, State and Zip Code	e	<del></del>			
maddi	ebetancourt12@gm	ail.com					
]	E-mail address: (t	o be used for future annu	ual repor	t notification	n)		
For fu	rther information	concerning this matter,	please ca	ıll:			
Madel	ine Betancourt		at (	,27	74-783	37	
	Name of Co	ontact Person		Area Code	and l	Daytime Telephone Number	
Enclos	sed is a check for	the following amount:					
<b>□</b> \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		.75 Filing Fortified Copy	,	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Clifton	EET ADDRESS: Filings Section on of Corporation n Building Executive Center			Ne Div P. (	w Fill vision O. Bo	NG ADDRESS: lings Section of Corporations ox 6327 ssee, 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 Conversion is:	
Scenedecon Cleaning Services LLC	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a LLC	
(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 it a non-U.S. entity, the name of the country)  3/30/18	
Enter date "Other Business Entity" was first organized, formed or incorporated	
<ol> <li>If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is norganized, formed or incorporated:</li> <li>The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u></li> </ol>	iow
Rescom Pro Services 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 filed by the Flo Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not listed as the document's effective date on the Department of State's records.	
Page 1 of 2	

Signed thisday of	20			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: Madeline Betancourt  Title: Pres	er, of if Directors or Officers have not bee	en selected, an		
Required Signature(s) on behalf of Other Business E	ntity: [See below for required signature(	s).]		
Signature: Madrine B.L.	<del></del>	_		
Printed Name: Madeline Betancourt	Title: All	_		
Signature:		_		
Printed Name:				
Signature:		_		
Printed Name:				
Signature:		-		
Printed Name:				
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.		19 HA		
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)	HAY 29 PH 3: 42		

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

ARTICLE I NAME RESCOM PRO SE	RVICES INC.	
The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing addres	ss, if different is:
219 Frances Drive		
Altamonte Springs, Florida 32714		
	<del></del>	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
To engage in any lawful activity.		
		·
ARTICLE IV SHARES		
The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS	
Name and Title: Madeline Betancourt/Pres	Name and Tiste.	
219 Frances Drive	Name and Title:	<u></u>
Address:	Address:	<u></u>
Altamonte Springs, Florida 32714		<u>.</u>
	<del></del>	<b>S</b>
Name and Title:	Name and Title:	
Address:	Address:	⊕
	<del>-</del>	<u> </u>
	<del></del>	<u> </u>
Name and Title:	Name and Title:	<del></del>
A ddagge	A .d.d	
Address:	Address:	

The name	e and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	Madeline Betancourt	
Address:	219 Frances Drive	
	Altamonte Springs, Florida 32714	•
ARTICL	E VII INCORPORATOR and address of the Incorporator is:	
Name:	Madeline Betancart	
Address:	219 Frances Dr.	
	attamente Springs, Fl	-
	3271	ŧ
********  Having be this certifi	************************************ een named as registered agent to accept ser icate. I am familiar with and accept the app	**************************************
-7/10	Parlin RA	4/14/1 $^{\circ}$
<del></del>	Required Signature/Registered Agent	Date
I submit t document	this document and affirm that the facts stat to the Department of State constitutes a thi	ed herein are true. I am aware that any false information submitted in a ird degree felony as provided for in s.817.155, F.S.
701	alin That	<u>4/w/19</u>
7	Required Signature/Incorporator	Date

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