

Key

P19000047572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

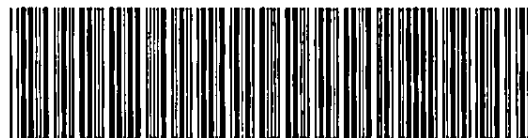
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200327950702

04/17/19--01012--022 **122.50

FILED
CLERK OF COURT
DIVISION OF CORPORATION
19 JUN 11 AM 8:40
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TODD'S HOME REMODELING 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:

TODD VICTOR

Contact Person

TODD'S HOME REMODELING INC

Firm/Company

P O BOX 334

Address

CAPE CORAL FL 33993

City, State and Zip Code

BUDKRATER@AOL.COM

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

For further information concerning this matter, please call:

TODD VICTOR at (239) 258 6105

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

IRS COPY

April 29, 2019

TODD VICTOR
PO BOX 334
CAPE CORAL, FL 33993

SUBJECT: TODD'S HOME REMODELING INC
Ref. Number: W19000041731

We have received your document for TODD'S HOME REMODELING INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, ~~620.2104~~, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The registered agent must sign accepting the designation.

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.

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: 119A00008499

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:

TODD'S HOME REMODELING LLC

L15-118973

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

on 07/10/2015

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:

NOT CHANGED

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

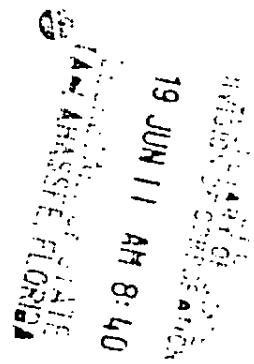
TODD'S HOME REMODELING INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: APRIL 10, 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 2ND day of APRIL, 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: TODD VICTOR

Printed Name: TODD VICTOR Title: PRESIDENT

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

Signature:

Todd Victor

Printed Name: TODD VICTOR

Title: LLC OWNER AUTH REP

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)

NOTARY PUBLIC
19 JUN 11 AM 8:40
TALLAHASSEE, FLORIDA

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: TODD'S HOME REMODELING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

4450 PINE ISLAND RD LOT # 14

MATLACHA FL 33993

Mailing address, if different is:

P O BOX 334

MATLACHA FL 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL WORK INCLUDING BUT NOT LIMITED TO FINISHING CONTRACTING.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TODD S VICTOR PRES

Address: P O BOX 334

MATLACHA FL 33993

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

19 JUN 11 AM 8:40
STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TODD S VICTOR PRES
P O BOX 334
MATLACHA FL 33993

ARTICLE VI REGISTERED AGENT

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

Name: TODD S VICTOR
Address: 4450 PINE ISLAND RD #14
MATLACHA FL 33993

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BUD KRATER
Address: 19 DEL PRADO BLVD N #4
CAPE CORAL FL 33909

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

Todd Victor
Required Signature/Registered Agent

4-12-2019
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.

Todd Victor
Required Signature/Incorporator

5-17-2019
Date

RECEIVED
19 JUN 11 AM 8:40
TALLAHASSEE, FLORIDA