# P1900052697

(Req	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





500329869245

05/30/19--01014--024 \*\*30.00

09/17/18--01032--024 \*+78.75

PILED 9 JUL -5 PH 3: I ECRETANY OF SIA

N CULLIGAN

# **COVER LETTER**

Charter Section

Tallahassee, FL 32301

Division of Corporations

TO:

SUBJECT: GULFCOAST MASTER CA	repentry Incorporated  prida Profit-Corporation
The enclosed Certificate of Conversion, Articles of Incorpora Entity" into a "Florida Profit Corporation" in accordance wit	ation, and fees are submitted to convert an "Other Business h s. 607.1115, F.S.
Please return all correspondence concerning this matter to:	
Barry Delagrange Contact Person	Ref # W 1800008333
GUHCOAST MASTER CARDENTRY Firm/Company	Pd. 78.75 on 9/12/18
4296 LVaWNa DR. Address	
SARASOTA F1. 34241 City, State and Zip Code	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Barry Delagrange at (94/ Name of Contact Person Area	2 Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
S105.00 Filing Fees S113.75 Filing Fees S113.75 Filing Fees and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



June 12, 2019

BARRY DELAGRANGE 4296 LUAWNA DRIVE SARASOTA, FL 34241

SUBJECT: GULFCOAST MASTER CARPENTRY CORPORATION

Ref. Number: W19000056096

The fee for mark registration or renewal is \$87.50 per class. Please make the corrections requested in this letter, if any, and return the application and check for the appropriate amount to the attention of the corporate specialist listed below.

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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 819A00011800

15:11:11:21 S- -7.7 (127

www.sunbiz.org

# **Certificate of Conversion**

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following of ther 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:
Gulfcoast Master Caepentry LLC Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a // // // // // // // // // // Company. limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
on June 29 2009
on June 29 2009  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 <u>attached Articles of Incorporation:</u>
Oult coast Master Carpentry Corporation  Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: Jone 30, 20! 9  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florid 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 MAY day of MAY	20	19.	
	ired Signature for Florida Profit Corporation:			
Signat Incorp Printe	ture of Chairman, Vice Chairman, Director, Offic porator: Sun Usas Pange Title: Pre	eer, or, if Directors or	Officers have not b	oeen selected, an
<u>Requi</u>	ired Signature(s) on behalf of Other Business	Entity: [See below fo	or required signatur	re(s).
Printe	d Name: BARRY Delagrang	L Title: Presi	dent	
	ture:			
Printe	d Name:	Title:		
Signat	ture:	·		
Printe	d Name:	Title:		
Signat	ture:			
Printe	d Name:	Title:		
Signat	ture:	<del> </del>		
Printe	d Name:	Title:		<del></del>
Signat	lure;			
Printe	d Name:	Title:		
	rida General Partnership or Limited Liability ture of one General Partner.	Partnership:		
	rida Limited Partnership or Limited Liability tures of <u>ALL</u> General Partners.	Limited Partnership	<u>):</u>	
	rida Limited Liability Company: ture of a Member or Authorized Representative.			
<u>All ot</u> Signat	hers: ture of an authorized person.			
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)	Paid 7	8.75 9/12/18

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

<u> </u>	ME Ition shall be: Gv / coast	- Party	
	NCIPAL OFFICE		·
The principal place of bu	usiness/mailing address is:		
Princip	oal street address	Mailing a	ddress, if different is:
4296 Lvai	wana Drive		
SARASADA, F	4. 3424/		
,			·
APTICLE III DIE			
The purpose for which t	RPOSE  he corporation is organized is:		
Const	ruction		
			SEC ALL
		<del></del>	
			် တွင်း (၁)
			<u> </u>
			·
ARTICLE IV SHAR	2RS		
The number of shares of s	stock is:		
	AL OFFICERS AND/OR DIRE	CCTORS	
ARTICLE V INITIA			
Name and Title: 13 and	ry Delaurance Proch		
Name and Title: <u>Barn</u>	ry Delagrange Produc	Name and Title:	
Name and Title: $3a_{r}$ Address: $42.9$	ry Delagrange Production Luamana Drive	Name and Title:	
Name and Title: 3 arr Address: 42 9 SURMS	ry Delagrange Production Luamana Drive ota, Fl. 34241	Name and Title:Address:	
Name and Title: 3 arr Address: 42 9 SURMS	ry Delagrange Production Luamana Drive ota, Fl. 34241	Name and Title:Address:	
Name and Title: 3 arr Address: 429 SURMS Name and Title: 40 rd	ry Delagrange Provide 6 Luamana Drive uta, Fl. 34241 an Delagrange Vic	Name and Title:	
Name and Title: 3 arr  Address: 42 9  SURMS:  Name and Title: LAURA  Address: 4296	ry Delagrange Proche 6 Luamana Drive uta, Fl. 34241 an Delagrange Vic Pres LUAMANA DRIVE	Name and Title:	
Name and Title: 3 arr  Address: 429  SURMS  Name and Title: LAURO  Address: 4296  SURMS	ry Delagrange Provide 6 Luamana Drive uta, Fl. 34241 an Delagrange Vic Pres LUAMANA DRIVE ota, Fl. 34241	Address:  Address:  Address:  Address:  Address:	
Name and Title: 3 arr  Address: 429  SURMS  Name and Title: LAURO  Address: 4296  SURMS	ry Delagrange Proche 6 Luamana Drive uta, Fl. 34241 an Delagrange Vic Pres LUAMANA DRIVE	Address:  Address:  Address:  Address:  Address:	
Name and Title: 3 arr  Address: 429  SURMS  Name and Title: LAURO  Address: 4296  SARA)  Name and Title:	ry Delagrange Provide 6 Luamana Drive uta, Fl. 34241 an Delagrange Vic Pres LUAMANA DRIVE ota, Fl. 34241	Name and Title: Address:  Address:  Address:  Address:	

ARTICL	E VI REGISTERED AGENT
The name	e and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	LAuran Delagrange
Address:	4296 Luawana DR.
	SARASOTA, F1, 34241
ARTICL	E VII INCORPORATOR
The name	e and address of the Incorporator is:
Name:	Barry Delagrange
Address:	4296 LUAWANA Dr.
	SARASUTA, F/. 34241
*****	***************
	een named as registered agent to accept service of process for the above stated corporation at the place designated in icate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
X	aurau Elanceige 5/26/2019
	Required Signature/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 s.817.155, F.S.

Required Signature/Incorporator

Date

19 JUL -5 PH 3: 15 ECKLIANI UT MAIL