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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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W19-59670



June 25, 2019

LESA J. ROBERTS LESA'S CLEANING SERVICE LLC 625 PLEASANT PINE DRIVE JACKSONVILLE, FL 32220

SUBJECT: LESA'S CLEANING SERVICE CORP

Ref. Number: W19000059670

We have received your document for LESA'S CLEANING SERVICE CORP and your check(s) totaling \$122:50. However, the enclosed document has not been filed and is being-returned for the following correction(s):

The title 'Owner' is not allowed. Please remove and replace with the proper title in all areas needed. Also, one share of stock must be listed in the Articles of Incorporation.

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: 919A00012875

COVER LETTER

| TO: Charter Section Division of Corporations |
|---|
| SUBJECT: LCSA'S Cleaning Service LLC 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: |
| Lesa J. Roberts Contact Person |
| Lesa's Cleaning Service LLC Firm/Company |
| 625 PIERSANT PINE Drive Address |
| JACKSONVIlle Florida 32220 City. State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Lesa J Roberts at (904) 885 - 0000 Name of Contact Person Area Code and Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$105.00 Filing Fees and Certificate of Status □\$113.75 Filing Fees and Certified Copy Certified Copy Certificate of Status |
| STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, 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: |
|---|
| Lesa's Cleaning Service LLC 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 O3/11/2:019 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: |
| Florida |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> : |
| Lesa's Clearing Service Enter Name of Florida Profit Corporation |
| 5. If not effective on the date of filing, enter the effective date: \(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\). (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. |

Page 1 of 2

| Signed this 10 day of June | , 20_19 | |
|---|---|-------------------|
| Required Signature for Florida Profit Corpo | ration: | |
| Signature of Chairman, Vice Chairman, Directo Incorporator: Lesa T Roberts Printed Name: Lesa T Roberts Title: | Fam C Robers | been selected, an |
| Required Signature(s) on behalf of Other Bu | siness Entity: [See below for required signature | re(s).] |
| Signature: Robert | | <u></u> |
| Signature: John Roberts Printed Name: Lesa J Roberts | Title: MGRM | _ |
| Signature: | | _ |
| Printed Name: | Title: | _ |
| Signature: | | _ |
| Printed Name: | Title: | |
| Signature: | | |
| Printed Name: | Title: | _ |
| Signature: | | |
| Printed Name: | Title: | _ |
| Signature: | | <u>_</u> |
| Printed Name: | Title: | |
| If Florida General Partnership or Limited Li Signature of one General Partner. | ability Partnership: | |
| If Florida Limited Partnership or Limited Li Signatures of <u>ALL</u> General Partners. | ability Limited Partnership: | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Represent | tative. | |
| All others: Signature of an authorized person. | | 19 |
| 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) Page 2 of 2 | JUL 10 PH 2: 5 |
| | Fage 2 01 2 | |

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

| ARTICLE I NAME | 0 | |
|---|----------------------------------|-----------------------|
| The name of the corporation shall be: LESA'S | Cleaning Service Corp | |
| ARTICLE II PRINCIPAL OFFICE | | |
| The principal place of business/mailing address is: | | |
| Principal street address | Mailing address, if different is | :: |
| 625 Pleasant Pine Drive | | |
| JACKSONVILLE Florida 30220 | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | | |
| Filing taxes a Social Securi | tu Pauments | |
| Company was not established Com | ectly At the becoming | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ARTICLE IV SHARES The number of shares of stock is: | | |
| | FOTODS | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRI | | |
| Name and Title: Lesa J. Roberto 1) | Name and Title: | |
| Address: 625 Pleasent Pine Dive | | 22 · C5 - 71 |
| Jacksonnille FL 3000 | | PH 2 |
| Name and Title: | Name and Title: | <u>্র</u> <u>জ</u> |
| Address: | Address: | - 6 |
| | | |
| Name and Title: | Name and Title: | |
| Address: | Address: | |
| - | | |

| | E VI REGISTERED AGENT | | |
|------------------|---|--|----|
| The <u>name</u> | e and Florida street address (P.O. Box NOT ad | cceptable) of the registered agent is: | |
| Name: | Lesa J Roberts | | |
| Address: | 625 Pleasaut Pine is | Ne | |
| | Jacksonville Florida 322 | lo | |
| ARTICL | | | |
| i ne <u>name</u> | e and address of the Incorporator is: | | |
| Name: | Lesa J Roberts | | |
| Address: | G25 Pleasant Pine Dive | | |
| | JACKSONVIlle Florida 32220 | | |
| | ************************************ een named as registered agent to accept service icate, I am familiar with and accept the appoint | | |
| A | 200 Robert | <u>G/10/19</u> | |
| | Required Signature/Registered Agent | Date | |
| | this document and affirm that the facts stated h to the Department of State constitutes a third o | | |
| | Required Signature/Incorporator | 6/10/19 | |
| ر ک | Required Signature/Incorporator | Date | |
| | | | |
| | | | 19 |

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