## P1900006133

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SECRETARY OF STATE

N CULLIGAN AUG 23,2019

## **COVER LETTER**

TO:

Charter Section

Tallahassee, FL 32301

Division of Corporations		
SUBJECT: Top Notch Pest Solutions, In	æ.	
Sobat.e1.	Name of Resulting Floric	a Profit Corporation
The enclosed Certificate of Conversion Entity" into a "Florida Profit Corporati	-	n, and fees are submitted to convert an "Other Business 607.1115, F.S.
Please return all correspondence conce	rning this matter to:	
Jorge Hernandez		
Contact Pe	rson	<del>-</del>
Firm/Com	pany	_
14835 sw 80 street apt 104		_
Addres	S	
Miami, Fl 33193		
City. State and	Zip Code	_
jorge.topnotchpest@gmail.com		
E-mail address: (to be used for fu	ture annual report notific	ation)
For further information concerning this	s matter, please call:	
Jorge Hernandez	at (	5644508
Name of Contact Person	Area (	Code and Daytime Telephone Number
Enclosed is a check for the following a	mount;	
□ \$105.00 Filing Fees ■\$113.75 Fili and Certificate 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



August 8, 2019

JORGE HERNANDEZ 14835 SW 80 STREET APT 104 MIAMI, FL 33193

SUBJECT: TOP NOTCH PEST CONTROL, INC.

Ref. Number: W19000072599

We have received your document for TOP NOTCH PEST CONTROL, 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):

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 all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

You must complete the Articles in Incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

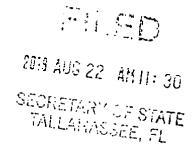
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Letter Number: 819A00016258

## Certificate of Conversion For "Other Busines's 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:
Top Notch Pest Solutions, LLC
Enter Name of Other Business Entity
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
(Enter state, or if a non-U.S. entity, the name of the country)
06/30/2019 on
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 attached Articles of Incorporation:
Top Notch Pest Control, 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 Florida Department of State.)
<b>Note:</b> 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 16th day of August	. 20 19
Required Signature for Florida Profit Corporation:	1
Signature of Chairmon, Vice Chairman, Director, Office Incorporator:  Printed Name: Torge Hernandez Title: Pre	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature:	
Signature:	_ Title: President
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	<del> </del>
Printed Name:	Title:
Signature:	
	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion:  Fees for Florida Articles of Incorporation:	\$35.00 \$70.00

\$8.75 (Optional) \$8.75 (Optional)

Certified Copy: Certificate of Status:

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

ARTICLE I NAME	uch Day Kout to The
The name of the corporation shall be: NO	thich Pest Solution Inc
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address Street	Mailing address, if different is:
# 104	P.O. BUX 961194 Manu FL 33296
Mani FL 33193	MIAM FL 332910
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
Any Florida residen	pest control service
business, praide	pest control service
	SECRETARIO
	元章 22 20 22
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRI	ECTORS
Name and Title: Joron Horrorel? I	Name and Title:
MCACC SOSTA	64 104
Address: 14833 SW 8007 Miami, FC 33193	Address:
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICL	E VI REGISTERED AGENT		
	and Florida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	Adrian Relps		
Address:	2300 W 84 St Suite 35	)	
	Hialeah, FL 33016		
ARTICL	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	brge Hernandez		
Address:	14835 SW 80 St Apt 104		
	Miami, FL 33193		
******	**********	******	
	en named as registered agent to accept service of pro cate, I am familiar with and accept the appointment a		
	$\Omega$	•	
<	- H-707-	8.19.19	
	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herein to the Department of State constitutes a third degree		ubmitted in

Required Signature/Incorporator