P19505069228

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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2019 AUG 29 AM 8: 55 SECRETARY OF STAT

COVER LETTER

	1					
TO:	Charter Section			•	•	
	Division of Co	•				
SUBJI	ECT:JBA	UTO WORKS INC				
		Name of	Resulting	Florida Profit	Corporation	
		le of Conversion, Article Profit Corporation" in ac			ees are submitted to convert a 15, F.S.	an "Other Business
Please	return all corres	pondence concerning thi	s matter to):		
JAN	IES BADIALI					
		Contact Person				
JB A	UTO WORKS	INC				
		Firm/Company				
609	COLONIA LAN	IE EAST				
~ ~~~		Address				
NOK	OMIS FL 342	.,		_ 		
		City, State and Zip Code	e			
jbau	toworksfl@gn	nail.com				
E	-mail address: (t	o be used for future anni	ual report	notification)		
For fur	ther information	concerning this matter,	please call	l:		
MAL	ES BADIALI		at (94	1) 220)-3629	
	Name of Co	ontact Person			d Daytime Telephone Numbe	r
Enclos	ed is a check for	the following amount:				
= \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		75 Filing Fees ified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRESS: ilings Section				ING ADDRESS:	
	on of Corporation	ns			on of Corporations	
	Building			P. O. I	3ox 6327	
-2661 F	Executive Center	Circle		Tallah	assee FL 32314	

Tallahassee, FL 32301

August 9, 2019

JAMES BADIALI 609 COLONIA LN E NOKOMIS, FL 34275

SUBJECT: JB AUTO WORKS LLC Ref. Number: W19000073060

We have received your document for JB AUTO WORKS LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Jessica A Fason Regulatory Specialist II Letter Number: 319A00016377

2019 AUG 29 AHH: 0

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 En	tity" immediately prior to the filing of this Certificate of Conversion is:
JB AUTO WORKS LLC	
	Enter Name of Other Business Entity
2. The "Other Business Entity" is a	LIMITED LIABILITY COMPANY
(Enter entity type	e. Example: limited liability company, limited partnership, ship, common law or business trust, etc.)
first organized, formed or incorporated	under the laws of FLORIDA
(Enter st	ate, or if a non-U.S. entity, the name of the country)
on 01/01/2016	
organized, formed or incorporated:	ness Entity" was changed, the state or country under the laws of which it is now
4. The name of the Florida Profit Corpo	oration as set forth in the attached Articles of Incorporation:
JB AUTO WORKS INC	
	Enter Name of Florida Profit Corporation
(The effective date: Cannot be prior Department of State.)	enter the effective date: 06/01/2019 to nor more than 90 days after the date this document is filed by the Florida does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date of	in the Department of State's records.

Page 1 of 2

Signed	this <u> </u>	26TH	day of	AUGU	ST		20	19	<u>_</u> .		
<u>Regui</u>	red Sig	nature	for Florida	Profit Co	orporation	<u>ı:</u>					
Incorn	arator:		1. Vice Cha S BADIAI	1				Officers ha	ve not bee	n selected, an	
Requi	red Sig	nature(s) on behal	f of Other	r Business	Entity: [S	See below for	r required s	signature(s).]	
Signati	ure:	TA				· -	- 				
Printed	l Name	:JA	MES BAD	IALI		Title: _	OWNER				
Signati	ıre;										
Printed						Title:					
Signatı	ıre:										
Printed	Name	:				Title: _					
Printed	Name	:				Title: _					
Signatı	ıre:										
Printed	Name	:				Title: _					
Signatı	ıre:										
Printed	Name	: <u></u>				Title: _					
<mark>lf Flor</mark> Signatu	ida Ge ire of o	neral Pa	artnership ral Partner.	or Limite	d Liabilit	y Partners	hip:				
<u>lf Flor</u> Signatu	ida Lin	<u>mited Pa</u> <u>ALL</u> Ge	urtnership neral Partn	or Limite ers.	d Liability	<u>Limited l</u>	Partnership:	<u> </u>			
<mark>If Flor</mark> Signatu	ida Lir ire of a	mited Li Membe	ability Cor r or Author	npany: ized Repre	esentative.						
All oth Signatu	ers: ire of a	n author	ized person								
Fees:	Fees t Certif				ration:] Optional) Optional)				

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

The name of the corporation shall be: JB AUTO WOF	RKS INC
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
609 COLONIA LANE EAST	
NOKOMIS, FLORIDA 34275	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Newly married sole proprietor has participating	ng spouse in business. Both will have ownership
stake and prefer to incorporate versus forming	g a partnership.
ARTICLE IV SHARES	
The number of shares of stock is: 1000	
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS
Name and Title: JAMES BADIALI PRESIDENT	Name and Title: AMBER BADIALI SEC/TREAS
Address: 2073 S. SALFORD BLVD	Address: 2073 S. SALFORD BLVD
NORTH PORT, FL 34287	NORTH PORT, FL 34287
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:
	ridaress.

	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	JAMES BADIALI	
Address:	2073 S. SALFORD BLVD	
	NORTH PORT, FL 34287	
<u>ARTICL</u>		
The <u>name</u>	and address of the Incorporator is:	
Name:	JAMES BADIALI	
Address:	2073 S. SALFORD BLVD	
	NORTH PORT, FL 34287	
*****	*********	******
	een named as registered agent to accept service of pi icate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated is as registered agent and agree to act in this capacity
4		AUGUST 26, 2019
	Required Signature/Registered Agent	Date
	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in a felony as provided for in s.817.155, F.S.
		AUGUST 26, 2019
	Required Signature/Incorporator	Date

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