

P19000070858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

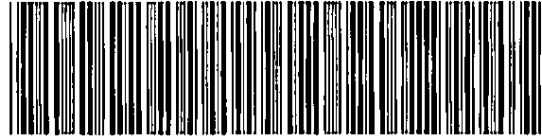
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/05/19--01022--022 **113.75

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2019 SEP 15 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FL 32399

N. SAMS

ocP 17 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2019

EUGENE LEGER
730 N WN 9TH ST
FORT LAUDERDALE, FL 33311 US

SUBJECT: TOUCH OF CLASS MOBILE SERVICES INC
Ref. Number: W19000075113

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TALLAHASSEE, FL 32399

We have received your document for TOUCH OF CLASS MOBILE SERVICES 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):

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 019A00016748

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: TOUCH OF CLASS MOBILE SERVICES 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:

EUGENE LEGER

Contact Person

TOUCH OF CLASS MOBILE SERVICES INC.

Firm/Company

730 NW 9TH ST

Address

FORT LAUDERDALE, FL 33311

City, State and Zip Code

TOUCHOFCLASS98@GMAIL.COM

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

For further information concerning this matter, please call:

EUGENE LEGER

at (954) 821-3113

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status Certificate of Status

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

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:

TOUCH OF CLASS MOBILE DETAILING AND PRESSURE CLEANING LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC

(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 FLA

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

on 12/19/2017

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:

N/A

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

TOUCH OF CLASS MOBILE SERVICES 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.)

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.

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SECRETARY OF
TALLAHASSEE, FLORIDA

Signed this 11TH day of SEPTEMBER, 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: EUGENE LEGER

Printed Name: EUGENE LEGER Title: CEO/PRESIDENT

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

Signature: Eugene Leger

Printed Name: EUGENE LEGER Title: CEO/PRESIDENT

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)

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: TOUCH OF CLASS MOBILE SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

730 NW 9TH ST

FORT LAUDERDALE, FL 33311

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ALLOW GROWTH TO EXPAND THE POSIBILITY TO OPEN BUSSINESS TO SHARE HOLDERS.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EUGENE LEGER CEO

Address: 730 NW 9TH ST

FORT LAUDERDALE, FL 33311

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: EUGENE LEGER
Address: 730 NW 9TH ST
FORT LAUDERDALE FL 33311

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: EUGENE LEGER
Address: 730 NW 9TH ST
FORT LAUDERDALE 33311

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

Eugene Leger
Required Signature/Registered Agent

9-11-19
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.

Eugene Leger
Required Signature/Incorporator

9-11-19
Date

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TALLAHASSEE, FLORIDA