## P19000076495

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SECRETARY FOR THE



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2019

SUSAN O'BRIEN 752 COMMERCE DR., SUITE 7 VENICE, FL 34292 US

SUBJECT: DESIGN AND REMODELING SOLUTIONS, LLC

Ref. Number: W19000087425

We have received your document for DESIGN AND REMODELING SOLUTIONS, 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):

You failed to make the correction(s) requested in our previous letter.

The Conversion Form that is needed for us to process are attached. Please fill out the form to its entirety and mail it back to me.

We are enclosing the proper form(s) with instructions for your convenience.

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: 719A00020037

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Design and Remodeling Solutions Inc. Name of Resulting Florida Profit Corporation	
The enclosed Certificate of Conversion. Articles of Incorporation, and fees are submitted to conver Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.	t an "Other Business
Please return all correspondence concerning this matter to:	
Susan O'Brien Contact Person	
Design and Remodeling Solution Firm/Company	20 7A1
752 Commerce Or. Suite 7 - Ven- Address	FII 1190CT II EGGETAN TANASS
Venice F1 34292  City, State and Zip Code	LED 10 PHIZ: 4
Susan G DRSFI. Co  E-mail address: (to be used for future annual report notification)	48
For further information concerning this matter, please call:	
Susan O'Brie'r at (941) 375-0/24	
Name of Contact Person Area Code and Daytime Telephone Num	ber

Enclosed is a check for the following amount:

### STREET ADDRESS:

TO:

Charter Section

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 <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:

Design and Kernodeling Solutions LLC		
Enter Name of Other Business Entity		
2. The "Other Business Entity" is a Linited Licbility	ZOISOCT SLOKETA ALL AHA	
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	OCT NETA	T
tirst organized, formed or incorporated under the laws of Florida		
(Enter state, or if a non-U.S. entity, the name of the country)	PH 12:	
on March 21 2015		
Enter date "Other Business Entity" was first organized, formed or incorporated	8 4	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:	of which it i	s now
Florida		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :		
Design and Remodeling Solutions Inc.		
Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date: date of file	·	
(The effective date: Cannot be prior to nor more than 90 days after the date this document is fil	led by the F	lorida
Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	date will no	ot be
listed as the document's effective date on the Department of State's records.		

Signed this day of	. 20 1 9	
Required Signature for Florida Profit Corporation	<u>n:</u>	
Signature of Chairman, Vice Chairman, Director, Off Incorporator:  Printed Name: Scan 6' A: Title:	<del>-</del>	een selected, an
Required Signature(s) on behalf of Other Business	s Entity: [See below for required signature	e(s).]
Signature:		<del>_</del>
Printed Name: Susand Brien	Title: Manager	_
Signature: R. Off Printed Name: Ronald O'Brien	Title: Manager	_ _
Signature:	····	·
Printed Name:	Title:	<u> </u>
Signature:		FIL 2019 OCT 10 SECRETARY: ALLAHASSER
Printed Name:	Title:	TINGET TO
Signature:		
Printed Name:	Title:	CONTRACTOR OF THE CONTRACTOR O
Signature:		_ 8
Printed Name:	Title:	<u>—</u>
If Florida General Partnership or Limited Liabilit Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	v 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: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

The name of the corporation shall be: Design Cu	nd Remodeling Solutions Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	, , ,
Principal street address	Mailing address, if different is:
752 Commerce Dr. Suite7	752 Commerce Dr. S. ite? Venice Pl 34292
Denice F1 34292	Verice F1 34292
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
Design Build Com	rpary
	<u></u>
	<del>0</del> 0
	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV SHARES  The number of shares of stock is: 10 000	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	CTORS
Name and Title: Ronald O'Brie afficer	Name and Title:
Address: 1217 Pine Needle Ru	
Venice, P/ 7428	
Name and Title: Susan O' Orien offi	
Address: 1317 Pine Needherd	Address:
Venice, f/ JU/255	<del></del>
Name and Title:	Name and Title:
Address:	Address:

### ARTICLE VI REGISTERED AGENT

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

Name:

Susan O' Briein

Pine Needle Kul

Venue F1 34285

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Susan O' Briei

Jenice F1347

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

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.