P2000011085

(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

K. PAGE FEB 1 0 2020



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SECRETARY OF STATE TALLAHASSEE, FI



RECEIVED

2020 FEB - 5 PH 4: 18

Charles and the second control of the second control of

January 16, 2020

ROBIN GONZALEZ 6232 NW 1ST ST MARGATE, FL 33063

SUBJECT: TRUST ROOTER Ref. Number: W20000003593

We have received your document for TRUST ROOTER and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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/

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.

Keyna E Page Regulatory Specialist II

www.sunbiz.org

Letter Number: 220A00001213

COVER LETTER

Division of Co					
SUBJECT:	Trust Rooter				
		Resulting Florida P	rofit Co	rporation	
	tte of Conversion, Article. Profit Corporation" in ac	-		are submitted to convert an "F.S.	Other Business
Please return all corres	spondence concerning this	s matter to:			
Robin	Gonzalez				
	Contact Person				
Trust R	ooter				
	Firm/Company				
6232 NW	15 5				
	Address				
Hargale, 7	FL 33063 City, State and Zip Code				
	City, State and Zip Code	c			
Robin O.tr E-mail address:	rust rooter, com	nual report notification	on)		
For further information	n concerning this matter.	please call:			
Robin Gon		_at (561)			
Name of C	Contact Person	Area Cod	c and D	aytime Telephone Number	
Enclosed is a check fo	r the following amount:				
□ \$105.00 Filing Fee.	s S\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop	y C	3\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee	Section Corporations 27	N D T	ew Fili ivision he Cent	ddress: ng Section of Corporations tre of Tallahassee Monroe Street Suite 810	

Tallahassee, FL 32303

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:
Trust Recoter LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>territed tiebility company</u> , limited partnership, general partnership, common law or business trust etc.)
first organized, formed or incorporated under the laws of Floricle (Enter state, or if a non-U.S. entity, the name of the country)
on February 4th, 2019
on Francis 4# 2019 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 attached Articles of Incorporation: Trust Router 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.

Page 1 of 2



Signed this 18 day of Describer	20 <u></u> 161	
Required Signature for Florida Profit Corporation	i	
Signature of Chairman, Vice Chairman, Director-Offi- Incorporator: Rubin (X1774/62 Title) Printed Name: Lubin (X1774/22 Title)	eer, or, if Directors or Officers have not bee rU UU ALT	n selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	s).
Signature: PGTXX		
Printed Name: Robin Gonzalez	Title: CLETTER CEO	,
Signature:		
Printed Name:	Title:	
Signature.		
Printed Name:	Title:	,
Signature:		,
Printed Name:	Title:	,
Signature.		
Printed Name:	Title;	
Signature		
Printed Name:	Title:	
f Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:	
f Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.		
f Florida Limited Liability Company: Signature of a Member or Authorized Representative.		SEC TA
All others: Signature of an authorized person.		FEB -5
Certificate of Conversion: Fees for Florida Articles of Incorporation Certified Copy; Certificate of Status	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	AHII: 30 Cursiate Ssee, Fl

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

The name of the corporation shall be: Trust R	ector INC	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address U232 NW 15+S+,	Mailing add	ress, if different is:
Maryale, 772 32063	**************************************	<u> </u>
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Plumbing Cempany		
	<u>-</u>	
		<u> </u>
ARTICLE IV SHARES	A	
The number of shares of stock is:	<u></u>	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS	
Name and Title: K-COVI CONTAILER CONTAIL) Name and Title:	S 31
Address. 10252 Number St. Hangiste	Address:	
FL 33060		- HAR - 5
Name and Title:	Name and Title:	
Name and Title:Address:	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: Robin Gonnalez			
Address: 6232 NW 15t St			
Address: 6232 NW 1st St Hargade, FR 33063	<u> </u>		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
Name: Robin Garralez			
Address: U232 NW 1St St			
Address: 10232 NW 1st St Hargate, FL 33063	<u>}</u>		
**********************	*******		
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			
Robin	12/16/2019		
Required Signature/Registered Ag	ent Date		
I submit this document and affirm that the fa	acts stated herein are true. I am aware that any false information submitted in a		
document to the Department of State constitu	tes a third degree felony as provided for in s.817.155, F.S.		
Robin	12/16/2019		
Required Signature/Incorporator	Date		

FILED

****FEB-5 AHII: 30

SECRETARY OF STATE
TALLAHASSEE, FL