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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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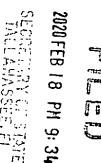
Office Use Only

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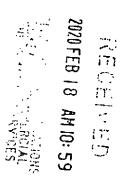
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2020

DAVID M RUTHERFORD PO BOX 5530 DESTIN, FL 32540

SUBJECT: OPTIMAL HOSPITLITY SERVICES, INC.

Ref. Number: W19000111260



We have received your document for OPTIMAL HOSPITLITY SERVICES, INC. and your check(s) totaling \$. 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 a general partner. If the converting entity is a limited partnership or limited liability limited 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.

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

Letter Number: 120A00002985



January 27, 2020

DAVID M RUTHERFORD PO BOX 5530 DESTIN, FL 32540

SUBJECT: OPTIMAL HOSPITLITY SERVICES, INC.

Ref. Number: W19000111260

We have received your document for OPTIMAL HOSPITLITY SERVICES, INC. and your check(s) totaling \$. 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.

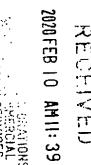
As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Letter Number: 020A00001848





December 30, 2019

DAVID M RUTHERFORD PO BOX 5530 DESTIN, FL 32540

SUBJECT: OPTIMAL HOSPITLITY SERVICES, INC.

Ref. Number: W19000111260

We have received your document for OPTIMAL HOSPITLITY 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):

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 a general partner. If the converting entity is a limited partnership or limited liability limited 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.

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

Letter Number: 319A00026291

COVER LETTER

TO: **New Filing Section**

Division of Corporations

OPTIMAL HOSPITALITY SERVICES, L.L.C.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

DAVID M. RUTHERFORD

Contact Person

INCOME TAX SPECIALIST

Firm/Company

P.O. BOX 5530

Address

DESTIN FL 32540

City, State and Zip Code

COUNTRYPRO1@AOL.COM

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

For further information concerning this matter, please call:

DIANDRA A.L. CHUNG at 850

`684-<u>70</u>70

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

Status

☐ \$105.00 Filing Fees ■\$113.75 Filing Fees

and Certificate of

and Certified Copy

□\$113.75 Filing Fees □\$122.50 Filing Fees. Certified Copy, and Certificate of Status

Mailing Address:

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:
OPTIMAL HOSPITALITY SERVICES, L.L.C. (L) -3777)
Enter Name of the Converting Entity
2. The converting entity is a LIMITED LIABILITY COMPANY
(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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
on EFFECTIVE 03/01/2017
Enter date "Converting Entity" was first organized, formed or incorporated.
OPTIMAL HOSPITALITY SERVICES, INC. Enter Name of Florida Profit Corporation
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: 01/15/2020
(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.



Signed this 18th day of Telrucity	20 <u>.</u> 20	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: 1: Chairman, Director, Office Incorporato	eer, or, if Directors or Officers have not been	selected, an
Required Signature(s) on behalf of Other Business I	·	.}
Signature: 1) · Chury		
Printed Name: Digretia Chung	Title: AUHIDITUC Representa	rve
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:		
Signature:		
Printed Name:	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.		20. 50
All others: Signature of an authorized person.		2020 FEB FECRL IV
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)	2020 FEB 18 PH 9:

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME he corporation shall be: OPTIMAL HOS	SPITALITY SE	ERVICES, INC.
ARTICLE II	•		
	Principal street address		Mailing address, if different is:
200 SANE	DESTIN LANE, #1310	_ 	
MIRAMAF	R BEACH FL 32550		
- · ·	I PURPOSE for which the corporation is organized is: FOR THE GENERAL PUBLIC COIN/CARD OPE	RATED LAUNDRY (CLEANING SERVICES AND ANY
OTHER RELA	ATED LAUNDRY AND DRY CLEANING SE	RVICES, RESIDE	NTIAL AND COMMERCIAL CLEANING
SERVICES OF	ALL TYPES IN ACCORDANCE WITH ALL APP	PLICABLE FEDERAL	, STATE, COUNTY, AND LOCAL LAWS.
	SHARES 1000 COMM Shares of stock is: 1000 COMM OFFICERS AND/OR DIRECTORS		200 FEB 18 PH 9:
Name and Titl	DIANDRA A L CHUNG PRESIDENT	Name and Title	DIANDRA A L CHUNG SECRETARY
Address:	200 SANDESTIN LANE, #1310	Address:	200 SANDESTIN LANE, #1310
	MIRAMAR BEACH FL 32550		MIRAMAR BEACH FL 32550
Name and Titl	e: INTENTIONALLY LEFT BLANK	Name and Title	INTENTIONALLY LEFT BLANK
Address:		Address:	
Name and Title	INTENTIONALLY LEFT BLANK	Name and Title	INTENTIONALLY LEFT BLANK
Address:		Address:	

ARTICL The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	DIANDRA A.L. CHUNG	
Address:	200 SANDESTIN LANE, #1310	
	MIRAMAR BEACH FL 32550	
******	*********	*********
-	<u> </u>	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
	D. Chung	01/15/2020
	Required Signature/Registered Agent	Date

TALLANASSES SATE