## P2000028417

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>-</del>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del>_</del>
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



300341222073

03/04/20--01013--011 \*\*105.00

20 i... 3 -1 PH 1: 45

D O'KEEFE APR 0 8 2020

W20-31436



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2020

JOHN MILES CSI 1608 INDIAN ROCKS ROAD BELLEAIR, FL 33756

SUBJECT: COMMUNICATIONS SPECIALISTS INT'L, INC.

lepaired 3/28/2020 (mented)

Ref. Number: W20000031436

We have received your document for COMMUNICATIONS SPECIALISTS INT'L, INC. 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 designation of the registered agent must be at a Florida street address.

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.

DANIEL LO'KEEFE Regulatory Specialist II

Letter Number: 820A00006432

www.sunbiz.org

## **COVER LETTER**

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

SUBJECT:	Communications (PROPOSED CORPORA)	Specialists ]	m+1 In
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPT REQUIRED
FROM:	Name	R. Miles (Printed or typed)	
	1608 A	Judian Re	scts Rel
	Belleuir City,	FL 33 State & Zip	756
	303 5 Daytime To	45-8868 elephone number	
	flourishing John	n @ Gmail.co	ontification)

NOTE: Please provide the original and one copy of the articles.

# Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion <u>and attached Articles of Incorporation</u> 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:
Enter Name of the Converting Entity	
Enter Name of the Converting Entity	
2. The converting entity is a	-
first organized, formed or incorporated under the laws of	
on $12 - 31 - 21203$	
on 12-31-2003  Enter date "Converting Entity" was first organized, formed or incorporated.	
3. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> (communication Specialists Int'/ Inc.  Enter Name of Florida Profit Corporation	<u>on:</u>
Enter Name of Florida Profit Corporation	
4. This conversion was approved by the eligible converting entity in accordance with this chapter a current/organic jurisdiction.	nd the laws of its
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 Department of State.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t listed as the document's effective date on the Department of State's records.	
Act Min O St. C. T.	P-11 - 1 - PH

Signed this	day of	March	, 20 <u>26</u>	·	
Required Signatur	e for Florida	Profit Corporatio	<u>n:</u>		
Signature of Directo	$\cdot$	if Directors or Off	icers have not been selected, an	Incorporator:	
Printed Name:					
Required Signatur companies: [See b	clow for requir	red signature(s).	orida partnerships, limited pai	,	<u>d limited liability</u>
Signature:	T I A	2) 1)a	Title: Pre & Lent		
Printed Name:			Title:	<del></del> _	
Signature:	<del>.</del>				
Printed Name:			Title:		
Signature:	· · · · ·				
Printed Name:			Title:	<u> </u>	
					20
Printed Name:		·	Title:		
Signature:				S C	=
Printed Name:			Title:		
If Florida General Signature of one Ge	Partnership (		ity Partnership:	Non	5
If Florida Limited Signatures of <u>ALL</u>			ty Limited Partnership:		
If Florida Limited Signature of a Mem			2.		
All others: Signature of an auth	norized person.				
	ору:	of Incorporation:	\$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)

he name of the corporation shall be: ( o mm unica t	ous Specialists I	nt' Inc.
RTICLE II PRINCIPAL OFFICE  Principal street address  1608 Indian Rocks Rol  Belleur FL 33256	Mailing addre	ss, if different is:
RTICLE III PURPOSE the purpose for which the corporation is organized is:	vid consulth	for represen
RTICLE IV SHARES		20 /
he number of shares of stock is: 15,000  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: John Miles Presiden	* Name and Title:	
Address 1608 Julian Rocks Rd Relleair FL 33756		5. 0.
Name and Title:		
· · · · · · · · · · · · · · · · · · ·		
Name and Title:	Name and Title:	

Name and Titl	e:	Name and Title:		
Address		Address:		
ARTICLE VI REG	ISTERED AGENT			
	street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Thn-Miles			
	608 Indian Racks R			
-B	ellear FL 33756	-	ř.	20
ARTICLE VII INCO	<u>ORPORATOR</u>		Act Athlebat tur	: — —
The name and address	s of the Incorporator is:		6.55	<u> </u>
Name:	John Miles		-	P:
Address:	John Miles 1608 Indran Rick & Belleuir PL 337576	<u> </u>	# 2 3	ب ا
	Belleur PL 33756	-	مد	
<u>ARTICLE VIII                                  </u>	FECTIVE DATE:			
Effective date, if other (If an effective date is	than the date of filing:s listed, the date must be specific and cannot	t be more than five days p	) rior or	90 davs after t
filing.)		, , , , , , , , , , , , , , , , , , ,		
<del></del>	ted in this block does not meet the applicable ve date on the Department of State's records.	statutory filing requirement	s, this da	ate will not be
Having been named g certificate, I am famili	s registered agent to accept service of process for ay with and accept the appointment as register	or the above stated corporation	on at the this cap	z place designat acity
$\mathcal{H}$			1	Las à
	Required Signature/Registered Agent	<del></del>		Date
	nt and affirm that the facts stated herein are timent of State constitutes a third degree felon			ormation subm
///	/			Men 2
	'   / V ·   /			и