

P200 0004 1105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

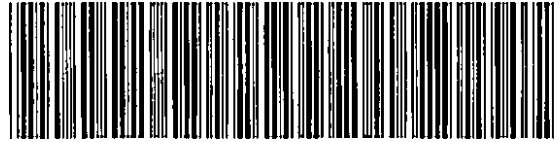
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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JUN 06 2020

W20-31962



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2020

ELISSA N. DENN  
STRAPPED TRANSPORT TOWING & RECOVERY LLC  
6721 FORESTVIEW LN  
LAKELAND, FL 33811

SUBJECT: STRAPPED TRANSPORT TOWING & RECOVERY INC.  
Ref. Number: W20000031962

We have received your document for STRAPPED TRANSPORT TOWING & RECOVERY 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):

Please complete the Certificate of Conversion, a required signature is missing. Also, the word 'Owner' cannot be used as a title.

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 L O'KEEFE  
Regulatory Specialist II

Letter Number: 820A00006499

# Corrected  
on  
other  
app #  
check already  
sent in!

2020 JUN 1 - 1 PM 2:17

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CLERK

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Strapped Transport Towing & Recovery 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:

Elissa Denn  
Contact Person

Strapped transport towing & recovery Inc  
Firm/Company

60721 Forestview Ln  
Address

Lakeland FL 33811  
City, State and Zip Code

Strapped transport@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elissa Denn at (813) 365-4978  
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 and Certificate of Status ☒ <sup>-sent check previously</sup> \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and 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

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**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:

Strapped transport towing & recovery  
Enter Name of Other Business Entity

2. The "Other Business 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 August 31<sup>st</sup> 2018  
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:

\_\_\_\_\_

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

Strapped Transport Towing & Recovery Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: April 1<sup>st</sup> 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 26<sup>th</sup> day of May, 20 20

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Elissa Denn Title: CEO

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

Signature: [Signature]

Printed Name: Elissa Denn Title: CEO

Signature: [Signature]

Printed Name: Michael S Denn II Title: VP

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)

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**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: Strapped Transport Towing & Recovery Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
6721 Forestview Ln  
Lakeland Fl 33811

Mailing address, if different is:  
Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Incorporate from LLC to Inc for purpose  
of expanding in no set time frame  
but in the future

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Elissa Denn-CEO

Name and Title: \_\_\_\_\_

Address: 6721 Forestview Ln  
Lakeland Fl 33811

Address: \_\_\_\_\_

Name and Title: Michael S Denn II-Vp

Name and Title: \_\_\_\_\_

Address: 6721 Forestview Ln  
Lakeland Fl 33811

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Elissa N Denn  
Address: 6721 Forestview Ln  
Lakeland FL 33811

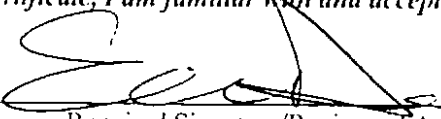
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elissa N Denn  
Address: 6721 Forestview Ln  
Lakeland FL 33811

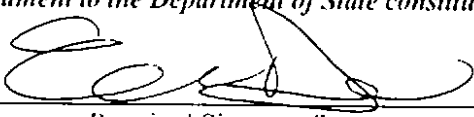
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

5-26-20  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

5-26-20  
\_\_\_\_\_  
Date

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