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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Allpro Communication Services inc  
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:

Jonathan Crippen  
Contact Person

Allpro Communication Services Inc  
Firm/Company

8230 Pepper wood Dr, ~~Blanchard~~  
Address

Jacksonville, FL 32244  
City, State and Zip Code

JCrippen@allprocomserv.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Crippen at ( 517 ) 525-1713  
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 ☐ \$113.75 Filing Fees ☒ \$122.50 Filing Fees,  
and Certificate of and Certified Copy Certified Copy, and  
Status 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

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Articles of Conversion  
For  
Converting Eligible Entity  
Into  
Florida Profit Corporation

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SECRETARY OF STATE  
TALLAHASSEE, FL

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:

AllPro Communication Services LLC  
Enter Name of the Converting Entity

2. The converting entity is a Foreign 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 Michigan  
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/21/2018  
Enter date "Converting Entity" was first organized, formed or incorporated.

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

AllPro Communication 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: 04/27/2021.  
(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 Tues day of April, 27, 2021.

**Required Signature for Florida Profit Corporation:**

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

Jon Crippen

Printed Name: Jonathan Crippen Title: owner/Member

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:** [See below for required signature(s).]

Signature: Jon Crippen

Printed Name: Jonathan Crippen Title: owner/Member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I NAME**

The name of the corporation shall be: Alpio Communication Services Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
8230 pepper wood Dr, Jacksonville  
FL, 32244

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Telecommunication Construction, Maintenance, and up-  
grades.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Stephan Herring COS

Address: 6650 Corporate Center  
Pkwy Jacksonville FL 32216

Name and Title: Parker Stuart Treasurer

Address: 1322 SW Fourth Pl,  
Lake Butler, FL 32054

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

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

Name and Title: Jonathan Crispin CEO

Address: 8230 pepper wood Dr  
Jacksonville, FL 32244

Name and Title: Anthony Cory CFO

Address: 6650 Corporate  
Center Pkwy Jacksonville FL  
32216

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

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

**ARTICLE VI .REGISTERED AGENT**

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

Name: Jonathan Crippen

Address: 8230 Pepper Wood Dr  
Jacksonville, FL 32244

\*\*\*\*\*

*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*

Jon Crippen  
Required Signature/Registered Agent

4/27/2021  
Date

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TALLAHASSEE, FL