# P230000024

(Requestor's Nam	•)
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(City/State/Zip/Pho	ne #)
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PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numb	er)
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	
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PARTIES OF A TALL AREAS OF TALL AREAS OF F. FLORIDA

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations

#### B COUSINS CLEANING 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:

<u>Patricia</u>	Lepore

Confact Person

Patricia Lepore, CB EA, PA

Firm/Company

10201 SE 170th PL

**Å**ddress

Summerfield, FI|34491

City, State and Zip Code

patricia@pl-accounting.co,

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

For further information concerning this matter, please call:

Patricia Lepore

Name of Contact Person

Enclosed is a check for the following amount:

■ \$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

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 Frofit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

ousmess entry into a Fiorida F	rone Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.
1. The name of the Converting I	Entity immediately prior to the filing of the Articles of Conversion is:
B COUSINS CLEA	· · · · · · · · · · · · · · · · · · ·
	Enter Name of the Converting Entity
1.1	<u> </u>
2. The converting entity is a LI	
general <sub>i</sub>	partnership, common law or business trust, etc.)
first organized, formed or incom	prated under the laws of FLORIDA
(E	inter state, or if a non-U.S. entity, the name of the country)
on DECEMBER 17	2021
Enter dat	"Converting Entity" was first organized, formed or incorporated.
3. The name of the Florida Profi	Corporation as set forth in the attached Articles of Incorporation:
B COUSINS CLEA	
	Enter Name of Florida Profit Corporation
4. This conversion was approved current/organic jurisdiction.	by the eligible converting entity in accordance with this chapter and the laws of its
5 16 60 d d d l e 6	01/01/2023
(The effective date: Cannot be Department of State.)	filing, enter the effective date: 01/01/2023 prior to nor more than 90 days after the date this document is filed by the Florid
Note: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.
	i,
	702:
	DIVISION TALL
	The same of the sa

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

The name of the corporation shall be B COUSIN	IS CLEANING INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address 4560 SW 52ND CIR APT 106	Mailing address, if different is:
OCALA, FL 34474	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BU	JSINESS
,	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V OFFICERS AND/OR DIRECTORS	
Name and Title: BRIANNA COUSINS, PRE/SEC	Name and Title:
Address: 4560 SW 52ND CIR APT 106	Address:
OCALA, FL 34474	
Name and Title:	Name and Title:
Address:	Address: TA C DEC 2
Name and Title:	Name and Title:
	Address:
	700 C 20

Signed this 20 day of DECEN	MBER
Required Signature for Florida Profit Corp	poration:
Signature of Director, Officer, or, if Directors	or Officers have not been selected, an Incorporator:
Printed Name: BRIANNA COUSINS Title:	PRE/SEC
companies: [See below for required signature	• • •
Signature: Brown C	
Printed Name: BRIANNA COU	SINS Title: AMBR
Signature:	
Printed Name:	Title:
Signature:	<del></del>
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
	Title:
If Florida General Partnership or Limited I Signature of one General Partner	Liability Partnership:
If Florida Limited Partnership or Limited L Signatures of <u>ALL</u> General Partners.	<u>liability Limited Partnership:</u>
If Florida Limited Liability Company: Signature of a Member or Authorized Represen	ntative.
All others: Signature of an authorized person.	
Fees: Articles of Conversion: Fees for Florida Articles of Incorporati Certified Copy: Certificate of Status:	\$35.00 ion: \$70.00 \$8.75 (Optional) \$8.75 (Optional)

\$8.75 (Optional) \$8.75 (Optional)

ARTICLI	E VI REGISTERED	AGENT	
The <u>name</u>	and Florida street addre	<u>ss</u> (P.O. Box <b>NO</b> )	racceptable) of the registered agent is:
Name:	PATRICIA LE	PORE	
Address:	10201 SE 17	OTH PL	
	SUMMERFIELD,	FL 34491	
			**************************************
يسر ا	Thousefore	-	12/20/2022
	Required Signature/Regi	stered Agent	Date

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