PA90000 55527

(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 Filling Officer:			
W23000087431			

Office Use Only



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AND MARKET STATE OF THE STATE O

SECRETARY OF STATE





June 22, 2023

LISA LAMB 7336 POWDER PUFF PUNTA GORDA, FL 33955 US

SUBJECT: PRO ZONE JANITORIAL

Ref. Number: W23000087431

We have received your document for and your check(s) totaling \$12,505. However, the enclosed document has not been filed and is being returned following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC. CARDINCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 423A00014105

2021 For 1.7 TM 3: 30

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Pro Zone	Jani torial
Na Na	me of Resulting Florida Profit Corporation
	icles of Incorporation, and fees are submitted to convert the following eligible in accordance with ss. 607.11933 & 607.0202, F.S.
Please return all correspondence concern	ing this matter to:
LISCAL CUND Contact Person	on .
Pro Zone Firm/Compan	ny
1334 Poul	octer Puff
Purta Gordo City, State and Zi	1 F1 330155 p Code
E-mail address: (to be used for future	re annual report notification)
For further information concerning this n	natter, please call:
Name of Contact Person	at (OL) UAU 2073 Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□ \$105.00 Filing Fees □\$113.75 Filing and Certificate o 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 8707 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:
Pro Zone Jan Horial LLC Enter Name of the Converting Entity
Enter Name of the Converting Entity
2. The converting entity is a Imited liability Company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
on
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> Pro Zone Jani torial 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: 03/01/23. (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.

2023 JUL 17 PM 7: 13
SECRETARY OF STATE
TALLAHASSEE, F

Signed thisday of	march_	, 20 <u>23</u> .	
Required Signature for Florida	Profit Corporation:		
Signature of Director Officer, or.	if Directors or Officers ha	ave not been selected, an Incorporator:	
Printed Name: Mark La	MD Title: Presi	dent	
Required Signature(s) on behal companies: [See below for required]	f of Converting Florida pred signature(s).	partnerships, limited partnerships, a	nd limited liability
Signature:			
Printed Name: Cur K	Lamb Ti	ille: <u>President</u>	
Signature: 14 Al OR	<i>6</i>		
		itle: VD	
Signature:	. Lamb		
Printed Name:	T	itle:	
Signature:			
Printed Name:	T	itle:	
Signature:			
Printed Name:	Т	itle:	-
Signature:			-
Printed Name:	T	itle:	-
If Florida General Partnership Signature of one General Partner	or Limited Liability Par	tnership:	
If Florida Limited Partnership Signatures of ALL General Partnership		nited Partnership:	
If Florida Limited Liability Co Signature of a Member or Author			2023 JU SECRE) TALLA
All others: Signature of an authorized person	ı.		LIT P
Fees: Articles of Conversion: Fees for Florida Articles		35.00 70.00	N 7: 13

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$70.00

\$8.75 (Optional) \$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	0co 7 co 1	Janitoria)	$T_{n,a}$
The name of the corporation shall be:	10 20ne	JUI 11 101 100 1	_11(
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address	is:		
Principal street address		Mailing address, if di	fferent is:
Principal street address 7336 POWDER PU-	<u>ff</u> _		
Punta Gorda FI			
33955		<u> </u>	
ARTICLE III PURPOSE The purpose for which the corporation is organ	nized is:		
doma bu	ISINESS		
····			
· .			
			* 14-1-1
ARTICLE IV SHARES	100		
The number of shares of stock is:	100		<u>.</u>
ARTICLE V OFFICERS AND/OR DIR	RECTORS		
Name and Title: Mark Laryib	President Name and	Title: 150 10	mb VP
Address: 733Le Powder			
		\wedge	
Plinta Corda	F1 33955	Lunta G	order F1 33955
Name and Title:	Name and	Title:	
	4.11		202 SEC TA
Address:	Address:		
Name and Title:	Name and	Title:	SSS 7 7
			TO I
Address:	Address:		7 7 7 T
			^{(η} ω

ARTICL. The name	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT accep	table) of the registered agent is:
Name: Address:	Mark Lamb 7336 Powder Puff	
	Punta Gorda Fl	33955
******** Having be	**************************************	**************************************
this certifi	cate, I am jamular with and accept the appointment	2 - 1 - 23

Date

Required Signature/Registered Agent

ZOZ3 JUL 17 PM 7: 1:
SECRETARY OF STATE
TALLAMASSEE, TATE