

P2400002377/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

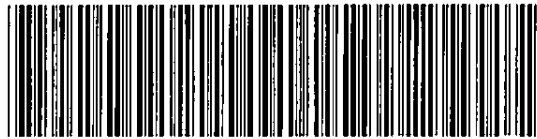
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TSB  
4/5/24

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** LEVELED UP CUSTOM CARPENTRY, 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:

ENRIQUE R CORREA

Contact Person

PARAMOUNT ENTERPRISES MULTI SERVICES

Firm/Company

2136 MICHIGAN AVE

Address

KISSIMMEE, FL 34744

City, State and Zip Code

INFO@CENTERCITYTAXPLUS.COM

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

For further information concerning this matter, please call:

ENRIQUE CORREA at ( 407 ) 2017003  
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 ☐ \$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

2003 MAR 10 PM 10:50  
SECRETARY OF STATE  
FLORIDA  
**FILED**

**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:  
LEVELED UP CUSTOM CARPENTRY, LLC

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 08/04/2023  
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**:  
LEVELED UP CUSTOM CARPENTRY, INC

Enter Name of Florida Profit Corporation


5. If not effective on the date of filing, enter the effective date: 08/07/2023  
(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.

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2021 MAR 19 PM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


Signed this 13 day of MARCH, 2024.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: GIOVANNI LOPEZ Title: CHAIRMAN

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

Signature: 

Printed Name: GIOVANNI LOPEZ Title: CHAIRMAN

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:**

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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2024 MAR 19 09:10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: LEVELED UP CUSTOM CARPENTRY, INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address  
13264 SILVER STRAND FALLS DR  
ORLANDO FL 32824

Mailing address, if different is:  
SAME AS PRINCIPAL

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

TO PROPERLLY STRUCTURE ENTITY TO ALLOW FUTURE SHARE HOLDER'S ALSO TO UTILIZE  
SOLO 401 K SCORP RETIREMENT OPTIONS.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: GIOVANNI LOPEZ/CHAIRMAN  
Address: 13264 SILVER STRAND FALLS DR  
ORLANDO FL 32824

Name and Title: YESENIA LOPEZ/AMGR  
Address: 13264 SILVER STRAND FALLS DR  
ORLANDO FL 32824

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

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

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

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

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2021 MAR 10 PM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: GIOVANNI LOPEZ  
Address: 13264 SILVER STRAND FALLS DR  
ORLANDO FL 32824

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GIOVANNI LOPEZ  
Address: 13264 SILVER STRAND FALLS DR  
ORLANDO, FL 32824


\*\*\*\*\*

*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

03/13/24  
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

03/13/24  
Date

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2024 MAR 19 09:10 PM  
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TALLAHASSEE, FLORIDA