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FLORIDA

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T.S.H.  
5/7/24

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SLSJ 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:

Sean P. Cronin

Contact Person

Stanton Cronin Law Group PL

Firm/Company

6944 W. Linebaugh Ave., Suite 102

Address

Tampa, Florida 33625

City, State and Zip Code

scronin@sclawyergroup.com

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

For further information concerning this matter, please call:

Sean Cronin

at ( 813 ) 444-0155

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

**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**

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:

SLSJ Services, Inc.

Enter Name of the Converting Entity

2. The converting entity is a domestic profit corporation  
(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 Georgia  
(Enter state, or if a non-U.S. entity, the name of the country)

on 6/10/2009  
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**:

SLSJ 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: \_\_\_\_\_.

(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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TALLAHASSEE, FLORIDA

**FILED**

Signed this 11th day of April, 2024.

**Required Signature for Florida Profit Corporation:**

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

Shelby St John

Printed Name: Shelby St. John Title: CEO

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

Signature: Shelby St John

Printed Name: Shelby St. John Title: CEO

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)

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CLERK OF THE  
STATE

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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: SLSJ Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

5714 Chipper Drive

New Port Richey, Florida 34652

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the business is to provide administrative and research  
support for machinery and equipment, real property, business valuation,  
inventory and intangible asset appraisals.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V OFFICERS AND/OR DIRECTORS**

Name and Title: Shelby St. John/CEO

Address: 5714 Chipper Drive  
New Port Richey, FL 34652

Name and Title: Shelby St. John/Secretary

Address: 5714 Chipper Drive  
New Port Richey, FL 34652

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

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

Name and Title: Shelby St. John/CFO

Address: 5714 Chipper Drive  
New Port Richey, FL 34652

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

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

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

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

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20th APR 20 PM 1:15  
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FLORIDA  
STATE

**ARTICLE VI REGISTERED AGENT**

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

Name: Stanton Cronin Law Group, PL

Address: 6944 W. Linebaugh Ave., Suite 102

Tampa, Florida 33625

\*\*\*\*\*

*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

4/11/2024  
\_\_\_\_\_  
Date

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TAMPA, FLORIDA