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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

New Filing Section Division of Corporations

SUBJECT: Skilled With All Trades, LLC

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:

Carmela Warner	
Contact Person	
WarnerTax Group, LLC	
Firm/Company	
PO Box 335945	
Address	-

North Las Vegas, NV 89033

City, State and Zip Code

carmela@warnertaxgrouplic.com

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

For further information concerning this matter, please call:

and Certificate of

Status

David Belanger	$_{\rm at}$ (407) (48)	6-1637
Name of Contact Person	Area Code and	d 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 Certified Copy

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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Certified Copy, and

Certificate of Status

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:
Skilled With All Trades, LLC 1/000033262
Enter Name of the Converting Entity
2. The converting 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 07/12/2010
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:
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Skilled With All Trades, 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.
Skilled With All Trades, 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.
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: 10 18 2029. (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida.
Skilled With All Trades, 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
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: 10 18 2029 (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



Signed this 18th day of Oct	. 2024	
Required Signature for Florida Profit Corporati	<u>on:</u>	
Signature of Director, Officer, or, if Directors or Of	ficers have not been selected, an Incorpor	ator:
want Blum		
Printed Name: David Belanger Title: pr	esident	
Required Signature(s) on behalf of Converting F companies: [Set below for required signature(s).]	lorida partnerships, limited partnershi	ps, and limited liability
Signature: Could Signature(8).		
Printed Name: David Belanger	Title: MGRM	
Signature:		
Printed Name:	Title:	·
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	··
Signature:		<u></u>
Printed Name:	Title:	·
Signature:		
Printed Name:	Title:	. <u></u>
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:	~
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	e.	2024 OCT 21 AM
All others: Signature of an authorized person.		121 A
Foos:		F 17

\$35.00

\$70.00

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

Articles of Conversion:

Certificate of Status:

Fees for Florida Articles of Incorporation: Certified Copy:

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: Skilled With All Trades, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Mailing address, if different is: 600 Northern Way, Unit 1809 Winter Springs, FL 32708 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Tax purposes ARTICLE IV SHARES The number of shares of stock is: 10,000 ARTICLE V OFFICERS AND/OR DIRECTORS Name and Title: David Belanger / president Name and Title: 600 Northern Way, Unit 1809 Address: Address: Winter Springs, FL 32708 Name and Title: Name and Title: Address: Address: Name and Title:_____ Name and Title: Address: Address:

	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NOT a	cceptable) of the registered agent is:
Name:	Carmela Warner	
Address:	795 Walnut Avenue	
	Orange City, FL 32763	
********* Having be this certific	en named as registered agent to accept service cate, I am familiar with and accept the appoin	**************************************
		10/06/2024

Date

Required Signature/Registered Agent