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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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SECRETARY OF STATE
SECRETARY OF STATE

B. BOSTICK
MAR 1 9 2012

COVER LETTER

TO:	Registration Division of C							
SUBJ	ECT: MARIA	ACHI COBRE INC						
			Resulting Florida Pro	fit Con	poration			
		cate of Conversion, Ar ity" into a "Florida Pro	•					t an
Please	return all corr	respondence concernin	g this matter to:					
RANI	Y CARRILL	0						
		Contact Person		,				
MAR	IACHI COE	BRE INC						
		Firm/Company						
1036	I LAKE SHEE	N RESERVE BLVD						
		Address						
ORLA	ANDO FL 32	836						
	(City, State and Zip Code						
randy	ycobre@ma	C.COM be used for future annual r	enort notification)			SE	12	
		on concerning this ma				CKET	MAR	T
	OY CARRILLO	_	-	. 070	0040	ARY SSE	9	1
- KAINI	Name of Cor		_at (<u>407</u> Area Code and	/	-9846 me Telephone Number		AH	
Enclos	sed is a check t	for the following amou	nt:		•	CORID	10: 27	J
☑ \$10:	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	■\$113.75 Filing and Certified Copy		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	>		
Regist Divisi	ET ADDRES ration Section on of Corporat	_	Registra	ation S n of C	orporations			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 fi Conversion is:	_
MARIACHI COBRE LLC	F10000018213
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: limited liability company, general partnership, common law or business	
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 2/9/2010	
Enter date "Other Business Entity" was first organized, fo	rmed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the st which it is now organized, formed or incorporated:4. The name of the Florida Profit Corporation as set forth in the <u>attach</u>	12 MAR SECRETA TALLAHAS
MARIACHI COBRE INC	PT1
Enter Name of Florida Profit Corporati	AM 10: 27 OF STATE OF LORIDA
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the florida Department of State; AND 2) must be the same attached Articles of Incorporation, if an effective date is listed there	as the effective date listed in the
6. The conversion is permitted by the applicable law(s) governing the or conversion complies with such law(s) and the requirements of s.607.11 conversion.	

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

currently organized, formed or incorporated.

Signed this 12TH day of MARCH	, 20_12	
Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155,	nis document are true. Any false info	ormation constitutes
Signature of Chairman, Vice Chairman, Director, Selected, an Incorporator:	Officer, or if Directors or Officers h	ave not been
Printed Name: RANDY CARRILLO Title: Required Signature(s) on behalf of Other Busines	PRESIDENT	
stated in this document are true. Any false informa s.817.155, F.S. [See below for required signature(s).	tion constitutes a third degree felony	
Signature: Auf M Caculty Printed Name: RANDY CAPARILLO	Title: MGR	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
Signature:		
Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative		12 SE TALI
All others: Signature of an authorized person.		FILED 12 MAR 16 AM 10 SECRETARY OF ST LLAHASSEE, FLO
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	AM 10: 27 OF STATE E. FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I No.	AME Oration shall be: MARIACH	I COBRE II	NC
	RINCIPAL OFFICE		
	Principal street address	Mailing ac	Idress, if different is:
10361 LAKE	SHEEN RESERVE BLVD		
ORLANDO FL	. 32836	-	
	_		
ARTICLE III PU			
The purpose for which	th the corporation is organized is:		
MUS ARTICLE IV S. The number of shares		ERTAIN	IEMENT
	10		
ARTICLE V II	VITIAL OFFICERS AND/OR DIPFCTO	<u>DRS</u>	
	RANDY CARRILLO PRES		
Address:	10361 LAKE SHEEN RESERVE BLVD	Address:	
	ORLANDO FL 32836		
		 	
Nama and Titla	:	Name and Titles	
Address:	·		
Address:		Address.	
	 		
Name and Title	:	Name and Title:	
Address:	·		5
Auuress.	· · · · · · · · · · · · · · · · · · ·	Address.	PS 7
		RANDY CARI	
	-	TOTAL CAR	<u> </u>
APTICLE VI P	EGISTERED AGENT		25 = =
	a street address (P.O. Box NOT acceptable)	of the registered agent is:	6 F
Name:	RANDY CARRILLO	of the registered agent is.	mo » M
Address:	10361 LAKE SHEEN RESERVE BLVD		m = (-)
radicos.	ORLANDO FL 32836		AMIO: OF STA
			≅4 2
ARTICLE VII IN	ICORPORATOR		₽E -7
	ss of the Incorporator is:		-
Name:	RANDY CARRILLO		
Address:	10361 LAKE SHEEN RESERVE BLVD		
	ORLANDO FL 32836		
	as registered, agent to accept service of proc		
this certificate, I am f	amiliar with and accept the appointment as i	registered agent and agree to a	et in this capacity
170U9 1,01	1 (aul N	3/12/2012	
Pequired	Signature/Registered Agent	Date	
l vedaner	i orginature/registered Agent	Date	
I submit this docume	nt and affirm that the facts stated herein a	re true. I am aware that any	false information submitted in a
	rtment of State constitutes a third degree fel		
J Dept	11.		•
1 1.11	11 (1011111	3/12/2012	
Doduinod	Signature/Incorporator	Date	
кецинеа	orgnature/incorporator	Daic	