

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT: Integrated Technologies Group Corp.

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:

Carlos Lerena	
Contact Person	
Firm/Company	
13615 S. Dixie Hwy	#379
Address	
Miami, FL 33176	
City, State and Zip Co	ode .
clerena@msn.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning thi	s matter, please call:
Carlos Lerena	at (786) 3014373
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following a	amount:
□ \$105.00 Filing Fees □ \$113.75 Filing F and Certificate of Status	Fees
STREET ADDRESS:	MAILING ADDRESS:
New Filings Section	New Filings Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



December 12, 2014

CARLOS LERENA 13615 S. DIXIE HWY #379 MIAMI, FL 33176

SUBJECT: INTEGRATED TECHNOLOGIES GROUP, LLC

Ref. Number: W14000074086

We have received your document for INTEGRATED TECHNOLOGIES GROUP, LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 314A00026292

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org



Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to

Florida Profit Corporation

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: 114000043515 Integrated Tecnologies Group, 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 3/13/2014 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:** Integrated Technologies Group Corp. Enter Name of Florida Profit Corporation 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 date this

document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed

therein.)

Signed this 5 day of December 2014 14 DEC 31 AM 8: 36 Required Signature for Florida Profit Corporation: Signature of Chairman, Vice Chairman, Director of figer, of, if Directors or Officer, been selected, an Incorporator: Printed Name: (AUO) UENUMA Title: Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).] Signature: Printed Name: Carlos Lerena Title: Manager Member Signature: _ Printed Name: Title: Signature: _ Printed Name: Signature: __ Printed Name: Title: Signature: Printed Name: Title: 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. Signature coun authorized person. Fees: Cen ficate of Conversion: \$35.00

Page 2 of 2

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees for Florida Articles of Incorporation:

Challied Copy:

Co Meate of Status:



ARTICLES OF INCORPORATION 14 DEC 31 AM 8: 36

ARTICL	EI NAME		SECRETARY OF STATE Group Corp. TAILAHASSEE, FLORID
The name	er NAME of the corporation shall be: Integrated Te	echnologies	Group Corp. TAMASEE FLORID
ARTICL			
the princip	pal place of business/mailing address is:		
	Principal street address		Mailing address, if different is:
1361	5 S. Dixie Hwy #379		
Miam	ni, FL 33176		
	E III PURPOSE		
• •	se for which the corporation is organized is:		
To enga	age in any lawful act or activity for v	which corporat	tions may be organized
APTICI	FIV SHAPES 40 000 000		
The number	E IV SHARES of stock is: 10,000,000		
ARTICLI	E V <u>INITIAL OFFICERS AND/OR D</u>	IPECTORS	
Name and	Carles Larens Director	Name and Tik	le: Gonzalo Almada - Director
	8282 sw 136 st.		8562 sw 148 Ter.
Address:	Miami, FL 33156	_ Address:	Miami, FL 33158
	Wilditii, 1 L 33 130	_	<u> </u>
Name and	Title:	_ Name and Tit	le:
Address:		_ Address:	
		_	
Name and	Title:	_ Name and Tit	le:
Address:		Address:	
		•	
		-	
ARTICLI	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT ac	centable) of the res	nictored agent ic:
	Carlos Lerena	cohiante) of the tel	galerea agent 15.
Name:			
Address:	13615 S. Dixie Hwy #379		
	Miami, FL 33176		

APPROVEL AND FILED

14 DEC 31 AM 8: 36

Date

Name:	Carlos Lerena	SECRETARY OF STATE
Address:	13615 S. Dixie Hwy #379	SECRETARY OF STATE TALLAHASSEF, FLORIDA
	Miami, FL 33176	
******	********	********
		process for the above stated corporation at the place appointment as registered agent and agree to act in this
	//// 7	12/5/2014
	Required Signature/Registered Agent	Date
		ein are true. I am aware that any false information a third degree felony as provided for in s.817.155, F.S.
	// // 9	12/5/2014

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Required Signature Incorporator