# P15000031387

(Requestor's Name)				
(Address)				
(Address)				
(City/Sta	te/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
W15 - 2001	9			

Office Use Only



600270247306

03/18/15--01009--014 \*\*80.00

02/19/15--01024--012 \*\*25.00

SECRETARY OF STATE SALLAHASSEE, FLORIDA



1/4

## **COVER LETTER**

Division of Corporations				
SUBJECT: MAZTER TEAM LL	.C			
Name of Resulting Florida Profit Corporation				
	les of Incorporation, and fees are submitted to orida Profit Corporation" in accordance with s.			
Please return all correspondence concerning t	his matter to:			
Danielle Orchilles				
Contact Person				
Fowler Rodriguez				
Firm/Company				
355 Alhambra Circle Suite 801				
Address	<del></del>			
Coral Gables Florida 33134	4			
City, State and Zip Code				
dorchilles@frfirm.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matte	er, please call:			
Danielle Orchilles	<sub>at (</sub> 786 ) 364-8400			
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a check for the following amount	<b>:</b>			
	□\$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	MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

Tallahassee, FL 32301



March 3, 2015

JOSEPH DAVID PENA 355 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33134

SUBJECT: MAZTER TEAM LLC Ref. Number: L15000021777

We have received your document for MAZTER TEAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The total fee to file the Conversion is \$105.00.

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 815A00004351



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2015

DANIELLE ORCHILLES FLOWLER RODRIGUEZ 355 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33134

SUBJECT: MAZTER TEAM LLC Ref. Number: W15000020079

We have received your document for MAZTER TEAM LLC and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 415A00005748



## Certificate of Conversion

For

## "Other Business Entity"

Into

#### Florida Profit Corporation

15 MAR 18 PM 4: 32

SECRETARY OF STATE

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: MAZTER TEAM LLC — L15 0000 2 1777 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 02/04/2015 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: MAZTER TEAM CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 03/25/2015 (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; AND 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 10th day of March	
Required Signature for Florida Profit Corporati	ON: SECRETARY OF STATE TALLAHASSEE. 9 02/01/01
Signature of Chairman, Vice Chairman, Director, O	efficer, or, if Directors or Officers have not
been selected, an Incorporator:	
been selected, an Incorporator:  Printed Name: Joseph David Pena  Title:	Incorporator
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).]	· ·
Signature:	Title: Authorized member
Printed Name: Juan termino Mendo	Title: AUT CO ZEO TIETLE
Signature:	
Printed Name:	Title:
~1	
Signature:	Trul
Printed Name:	
Signature:	
Printed Name:	Title:
21	
Signature:	Tial
Printed Name:	
Signature:	
Printed Name:	
If Florida General Partnership or Limited Liabilit	y Partnershin:
Signature of one General Partner.	
ICPInited Visited Destroyable on Limited Vishilit	- Limited Doutnouchins
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Farthership:
Signatures of <u>1922.</u> Constant attention	
If Florida Limited Liability Company:	
Signature of a Member or Authorized Representative	
All others: Signature of an authorized person.	
Fags.	
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)



## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 18 PM 4: 32

ARTICLI The name	EI NAME of the corporation shall be: MAZTER T	EAM CORP	SECRETARY OF STATE
	E II PRINCIPAL OFFICE		2,83,99
The princip	pal place of business/mailing address is:		
	Principal street address		Mailing address, if different is:
7719 N	NW 48 STREET SUITE 180		
DORA	AL FLORIDA 33166		
ARTICLI The purpo	E III PURPOSE use for which the corporation is organized is:		
The pur	rpose for which the Corporation is for	rmed is to engag	e in any lawful act or activity
for which	h corporations may be organized under	the Florida Busin	ess Corporation Act (the "Act").
ARTICL	EIV SHARES 1000		
The number	er of shares of stock is: 1000		
ARTICLI		RECTORS	
Name and	Title: Please see attached	Name and Title:_	
Address:		Address:	
	*******	_	
Name and	Title:	Name and Title:	
Address:			
Name and	Title:	Name and Title:_	
Address:		Address:	
		_	
ARTICL	E VI REGISTERED AGENT		<u> </u>
	and Florida street address (P.O. Box NOT acc	ceptable) of the registe	red agent is:
Name:	Joseph D Pena		
Address:	355 Alhambra Circle Suite 801		
	Coral Gables Florida 33134		

### ARTICLE V

The Board of Directors of the Corporation shall consist of at least one director, with the exact number to be fixed from time to time in the manner provided in the Corporation's Bylaws. The names and addresses of the initial directors of the Corporation, who will serve as a director until his successor is duly elected is to be determined.

### ARTICLE VI

A director or officer of the Corporation shall not be personally liable to the Corporation or its shareholders for monetary damages for breach of fiduciary duty as a director or officer, except for liability (i) for any breach of the director's or officer's duty of loyalty to the Corporation or its shareholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 607.0834 of the Act, as the same exists or hereafter may be amended, (iv) for violation of a criminal law, unless the director or officer had reasonable cause to believe his conduct was lawful or had no reasonable cause to believe his conduct was unlawful or (v) for any transaction from which the director or officer derived an improper personal benefit.

If the Act hereafter is amended to authorize the further elimination or limitation of the liability of directors and officers, then the liability of the Corporation's directors and officers shall be eliminated or limited to the fullest extent authorized by the Act, as amended.

The Corporation shall indemnify and shall advance expenses on behalf of its directors, officers, former directors and former officers to the fullest extent not prohibited by law in existence either now or hereafter.

APPROVED AND FLED

## ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: 15 MAR 18 PM 4: 32 Joseph David Pena Name: SECRETARY OF STATE TALLAPASSEE, FLORIDA 355 Alhambra Circle Suite 801 Address: Coral Gables Florida 33134 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 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. 3/10/2015 Date Required Signature/Incorporator

EFFECTIVE DATE 3/25/2015