

P16000063510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 26 PM 12:15
CLERK OF COURT
JUL 26 2016

08/03/16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: la Genomics, LLC
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:

Minelly Pena
Contact Person

Capital tree Accounting.
Firm/Company

1150 E Plant Street Suite F
Address

winter Garden, FL 34787
City, State and Zip Code

Minellypena@capitaltreeaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Minelly Pena at (407) 328-6567
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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

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

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:

La Genomics, LLC
(214-003042) ✓ Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability
(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 01/07/2014 ✓
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**:

La Genomics, Inc.
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; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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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DEPT. OF STATE
JAN 14 2014
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Signed this 28th day of June, 2016

Required Signature for Florida Profit Corporation:

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

Printed Name: Jose Claudio Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Simon Cava Title: MGR

Signature: [Signature]

Printed Name: Jose Claudio Title: MGR

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:	
Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

16 JUN 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: ha Genomics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
5939 Blakeford DR.
Windermere, FL 34786

Mailing address, if different is:
5939 Blakeford DR.
Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Genetic Bank.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000 @ \$1.00 Par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Clavier President Name and Title: _____

Address: 5939 Blakeford DR. Address: _____
Windermere, FL 34786

Name and Title: Christian Clavier VP Name and Title: _____

Address: AV Este 3 Res La Pradera Address: _____
Piso 4 Apt 4-A
Los Naranjas Caracas 1090 VZ, AL.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Minelly Pena
Address: 1150 S Plant Street
winter Garden FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Minelly Pena
Address: 1150 S Plant Street
winter Garden FL 34787

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

7/1/16
Date

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.


Required Signature/Incorporator

07/01/16
Date

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