

PA000028664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

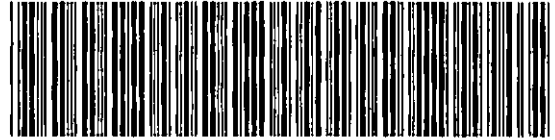
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SHELXON OIL AND GAS CORPORATION
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:

PEDRO B. LATOUCHE
Contact Person

SHELXON OIL AND GAS CORPORATION
Firm/Company

4995 NW 72nd. Ave. Suite 201
Address

Miami, Florida, 33166 US
City, State and Zip Code

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

For further information concerning this matter, please call:

Richard Illa at (305) 960-7305
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 and Certificate of Status
- \$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
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:

SHELXON OIL AND GAS, LLC. LLC - 1686661

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 STATE OF FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 09/09/2016

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

SHELXON OIL AND GAS CORPORATION

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 03/15/2018

(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 listed as the document's effective date on the Department of State's records.

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Signed this 15th day of MARCH, 2018.

Required Signature for Florida Profit Corporation:

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

Incorporator: PEDRO B. LATOUCHE * [Signature]
Printed Name: PEDRO B. LATOUCHE Title: PRESIDENT - SECRETARY-CEO

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

Signature: * [Signature]
Printed Name: GABRIELA K ACUNA - (OLD LLC) Title: MGR (OLD LLC)

Signature: * [Signature]
Printed Name: RICHARD C ILLA - (OLD LLC) Title: AMBR (OLD LLC)

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)

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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: SHELXON OIL AND GAS CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
4995 NW 72nd Avenue Suite 201

Miami, Florida 33166

Mailing address, if different is:

P.O. Box 52-2904

Miami, Florida 33152-2904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Oilfield Services and any and all legal business activities in the State of Florida and/or in US Continental or worldwide.

[Large handwritten scribbles covering the signature area]

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ARTICLE IV SHARES

The number of shares of stock is: 5000 COMMON STOCK at \$0.01 value per each share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO B LATOUCHE (P-S) and CEO

Address: 4995 NW 72nd. Ave. Suite 201
Miami, Florida 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

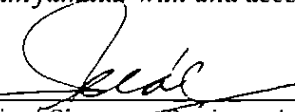
Name: RICHARD ILLA
Address: 4995 NW 72nd Ave. Suite 201
Miami, Florida. 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: PEDRO B LATOUCHE
Address: 4995 NW 72nd. Ave. Suite 201
Miami, Florida 33166

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

03/15/2018

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

03/15/2018

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA