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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE OF ALABAMA
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COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Andrews Fraud and AML Compliance Specialist 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:

Pamela E Andrews

Contact Person

Andrews Fraud and AML Compliance Specialist LLC

Firm/Company

16033 SW 148th Terrace

Address

Miami, Florida 33196

City, State and Zip Code

pandrews161@gmail.com

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

For further information concerning this matter, please call:

Pamela E Andrews

at (786) 210-2108

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:

Andrews Fraud and AML Compliance Specialists LLC LI8-84530

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 04/03/2018
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**:

Andrews Fraud and AML Compliance Specialist Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 09/21/2018

(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 DEPT OF REVENUE
TALLAHASSEE, FLORIDA

Signed this 24 day of October, 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: *Pamela E Andrews*

Printed Name: Pamela E Andrews Title: President & Director

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

Signature: *Pamela E Andrews*

Printed Name: Pamela Andrews Title: President & Director

Signature: _____

Printed Name: _____ Title: _____

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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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

ARTICLE I NAME Andrews Fraud and AML Compliance Specialist Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

16033 SW 148th Terrace _____

Miami, Florida 33196 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES 100,000.000 authorized par value .001
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela Anderews, President & Director

Name and Title: _____

Address: 16033 SW 148th Terrace

Address: _____

Miami, Florida 33196

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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STATE OF FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Pamela E Andrews
Address: 16033 SW 148th Terrace
Miami, Florida 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pamela E Andrews
Address: 15033 SW 148th Terrace
Miami, Florida 33196

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

Pamela E Andrews
Required Signature/Registered Agent

10.24/2018
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.

Pamela E Andrews
Required Signature Incorporator

10/24/2018
Date

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STATE OF FLORIDA
TALLAHASSEE