# PIECO093SUS

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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### COVER LETTER

TO:	Charter Section Division of Cor	rporations			
SHRI	FCT. Andrews Fra	aud and AML Compliance	Specialist LLC	ti	
JUDJ	EC1		Resulting Florida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac		ees are submitted to convert an "Other Busines 15, F.S.	is
Please	return all corresp	condence concerning this	s matter to:		
Pamela	a E Andrews				
		Contact Person			
Andre	ws Fraud and AMI	. Compliance Specialist L.I.	C		
		Firm/Company			
16033	SW 148th Terrace				
		Address			
Miami	, Florida 33196				
		City, State and Zip Code	2		
	ws161@gmail.con				
]	E-mail address: (t	o be used for future annu	ual report notification)		
For fu	rther information	concerning this matter,	please call:		
Pamel	a E Andrews		at () 210-2	108	
	Name of Co	ontact Person	Area Code and	d Daytime Telephone Number	
Enclos	sed is a check for	the following amount:			
<b>□</b> \$10	95.00 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	
	ET ADDRESS:			ING ADDRESS:	

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

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

#### Certificate of Conversion

For

#### "Other Business Entity"

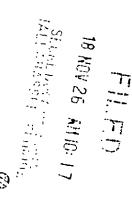
Into

#### 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 UC L18-84530
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 Enter state, or if a non-U.S. entity, the name of the country)
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:  (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.
D 1 . C1

Page 1 of 2



	, <b>4</b>
Signed this 24 day of October	
Required Signature for Florida Profit Co	orporation:
Signature of Chairman, Vice Chairman, Dir Incorporator: Pamela E Andrews Ti	rector, Officer, or, if Directors or Officers have not been selected, an the item.  Ile: President & Director
	r Business Entity: [See below for required signature(s).]
Signature: Amua Uma	rus
Printed Name: Pamela Andrews	President & DirectorTitle:
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 Limit Signature of one General Partner.	ed Liability Partnership:
If Florida Limited Partnership or Limit Signatures of ALL General Partners.	ed Liability Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Rep	resentative.
All others: Signature of an authorized person.	TO HOW F
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorp Certificate of Status:	\$35.00 poration: \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

ARTICLE IV SHARES The name of the corporation shall be:  ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  Principal street address 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 The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:  Address:  Miami, Florida 33196  Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Address:	The name of the corp	Oration share de:	1.505.0000	THE PROPERTY OF ALL THE WASTERN OF THE
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			. 11	race:

Pamela E Andrews	
16033 SW 148th Terrace	*
Miami, Florida 33196	<del></del>
E VII INCORPORATOR	
and address of the Incorporator is:	
Pamela E Andrews	
15033 SW 148th Terrace	
Miami, Florida 33196	
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ficate, I am familiar with and accept the appointment	10.24/2018
Required Signature/Registered Agent	10.24/2018  Date
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