PP000004689

(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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05/28/19--01027--025 **122.50



COVER LETTER

TO:	Charter Section Division of Corp	porations				
SUBJI	THE COFFE	EE SHOP HOUSE INC				
30101		Name of I	Resulti	ng Florida Profit	Corporation	
The en Entity	closed Certificate `into a "Florida P	of Conversion, Articles Profit Corporation" in acc	of Incordance	orporation, and fe ee with s. 607.111	es are submitted to convert an "Ot 5, F.S.	her Business
Please	return all corresp	ondence concerning this	matte	to:		
JENNI	FER LOPEZ					
	- -	Contact Person		· - ·		
THE C	OFFEE SHOP HO	USE INC				
		Firm/Company				
3827 V	/ALENCIA GROV	'E LN				
•	_	Address				
ORLA	NDO, FL 32817					
		City, State and Zip Code	:			
AUGU	JSTOMARTINEZ9	90@HOTMAIL.COM				
<u>_</u>	E-mail address: (to	o be used for future annu	al repo	rt notification)		
For fu	rther information	concerning this matter,	olease (all:		
JENN	IFER LOPEZ		40 at (7 301-3	794	
	Name of Co	ontact Person		Area Code and	Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
- \$ 10	15.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		3.75 Filing Fees ertified Copy	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Divisi Clifto 2661 I	ET ADDRESS: Filings Section on of Corporation Building Executive Center bassee, FL 32301			New F Divisio P. O. I	ilings Section on of Corporations Box 6327 assee, 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.

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Page 1 of 2

FILED
2019 MAY 28 PM 4: 53
SECRE FACES FEE

Signed this <u>24</u> day of <u>May</u>	20/9
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: () () () () () () () () () () () () ()	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature: Auf Sto Mantine	
Printed Name: HULUS to Mantine	7 Tile: Member
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 Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$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 COFFEE SHOP I	HOUSE 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, it different is:
3827 VALENCIA GROVE LN	
ORLANDO, FL 32817	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: RESTAURANT	
ARTICLE IV SHARES The number of shares of stock is:	
The number of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND/OR DIF	RECTORS
Name and Title: JENNIFER LOPEZ/ PRESIDENT	Name and Title:
Address: 3827 VALENCIA GROVE LN	Address:
ORLANDO, FL 32817	
Augusto Martinez/Vice President	Numa and Title:
Name and Title: 3827 VALENCIA GROVE LN	Name and Title:
Address:	Address:
ORLANDO, FL·32817	
Name and Title:	Name and Title:
Address:	Address:

ARTICL	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:
Name:	JENNIFER LOPEZ	
Address:	3827 VALENCIA GROVE LN	
	ORLANDO, FL 32817	
ARTICL.		
The <u>name</u>	and address of the Incorporator is:	
Name:	JENNIFER LOPEZ	
Address:	3827 VALENCIA GROVE LN	
	ORLANDO. FL 32817	
I submit !	Required Signature/Registered Agent this document and affirm that the facts stated	thent as registered agent and agree to act in this capacity Description of the control of the capacity Date herein are true. I am aware that any false information submitted in a degree felony as provided for in s.817.155, F.S.
0	Required Signature/Incorporato	DS-24-2019 Date