

P20000095873

(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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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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DEC 14 2020

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: T & A FAMILY OFFICE INC

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:

Pascal Gibert

Contact Person

Best Options, LLC

Firm/Company

1145 Via Jardin

Address

West Palm Beach, FL 33418

City, State and Zip Code

pgibert@bestoptionsllc.com

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

For further information concerning this matter, please call:

Pascal Gibert

at (561) 214-2328

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:

T & A FAMILY OFFICE LLC

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 05/09/2018
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:

FLORIDA

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

T & A FAMILY OFFICE INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 01/01/2021.

(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.

FILED
20 DEC -9 PM 2: 21
TALLAHASSEE, FLORIDA

Signed this 10 day of NOVEMBER, 2020

Required Signature for Florida Profit Corporation:

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

Printed Name: Thomas MARIE Title: DIRECTOR

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

Signature: [Signature]

Printed Name: Thomas MARIE Title: 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 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)

20 DEC -8 PM 2: 21
ALL BUSINESS, 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: T & A FAMILY OFFICE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

17971 BISCAYNE BOULEVARD # 221

AVENTURA, FL 33160

REAL ESTATE INVESTMENT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas MARIA, DIRECTOR

Name and Title: _____

Address: 17971 BISCAYNE BOULEVARD # 221
AVENURA, FL 33160

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FL 32309

11:50

ARTICLE VI REGISTERED AGENT

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

Name: Thomas MARIE

Address: 17971 BISCAYNE BOULEVARD # 221

AVENTURA, FL 33160

ARTICLE VII INCORPORATOR

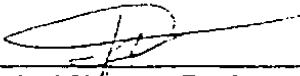
The name and address of the Incorporator is:

Name: Thomas MARIE

Address: 17971 BISCAYNE BOULEVARD # 221

AVENTURA, FL 33160

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

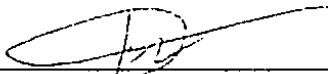


10/11/2020

Required Signature/Registered Agent

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.



10/11/2020

Required Signature/Incorporator

Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

20 DEC -8 PM 2: 21

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