

P24000032793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

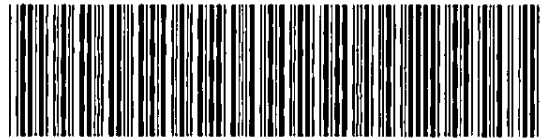
(Document Number)

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MAY 14 2024

2024-04-17 17:47:00

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2024

MARCEL MORARI
101 S. OLD COACHMAN RD APT 331
CLEARWATER, FL 33765 US

SUBJECT: MM VISION INC
Ref. Number: W24000044781

We have received your document for MM VISION INC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000085141.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 424A00006005

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **MM EXPRESS INC**

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Marcel Morari

Contact Person

MM EXPRESS INC

Firm/Company

101 S Old Coachman Rd, APT 331

Address

Clearwater FL 33765

City, State and Zip Code

morarimarcel96@gmail.com

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

For further information concerning this matter, please call:

Marcel Morari at (**727**) **648-6157**

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status Certificate of Status

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion
For
Converting Eligible Entity
Into
Florida Profit Corporation

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following **eligible business entity into a Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:

MM VISION INC.

Enter Name of the Converting Entity

2. The converting entity is a **S Corporation**

(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 **Illinois**

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

on **3/19/2018**

Enter date "Converting Entity" was first organized, formed or incorporated

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TALLAHASSEE, FL

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

MM EXPRESS INC

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: **4/13/2024**

(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.

Signed this 4 day of 13, 2024.

Required Signature for Florida Profit Corporation:

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

Printed Name: Marcel Morari Title: President

Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]

Signature: _____

Printed Name: Marcel Morari Title: President

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:

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Gift Tax:	\$9.75 (optional)

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TALLAHASSEE, FL

**ARTICLES OF INCORPORATION
FOR RESULTING FLORIDA PROFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

ARTICLE I NAME

The name of the corporation shall be: MM EXPRESS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

101 S Old Coachman Rd, APT 331
Clearwater FL 33765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

e-commerce

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V OFFICERS AND/OR DIRECTORS

Name and Title: Marcel Morari/ President

Name and Title: _____

Address: 101 S Old Coachman Rd, APT 331

Address: _____

Clearwater FL 33765

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

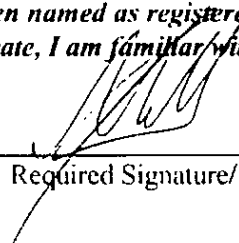
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marcel Morari
Address: 101 S Old Coachman RD, APT 331
Clearwater FL 33765

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

4/13/2024
Date

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ALABAMA
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