

P17000028010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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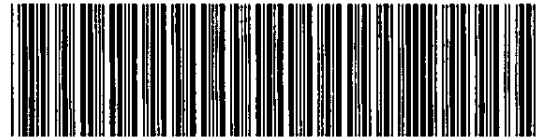
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAR 27 AM 9:28
STATE OF FLORIDA
TALLAHASSEE

11/3/29/17

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: DEVCODE 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:

Julio Araujo

Contact Person

Total Corporation Services, Inc.

Firm/Company

6355 NW 36TH ST STE 407

Address

VIRGINIA GARDENS, FL 33166

City, State and Zip Code

asesor@corporacionesenusa.com

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

For further information concerning this matter, please call:

Julio Araujo

at (305) 871-2525

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

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:

DEVCODE LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 12/19/2014

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:

DEVCODE INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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.

RECEIVED
FALL ANASSEE FLORIDA
STATE

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Signed this 24 day of March, 2011.

Required Signature for Florida Profit Corporation:

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

Printed Name: JOSÉ J PINO REYES Title: President

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

Signature: [Signature]

Printed Name: RONALD R DOMINGUEZ CALVA Title: MGR

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)

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: DEVCODE INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6355 NW 36TH ST Suite 407

Mailing address, if different is:

VIRGINIA GARDENS, FL 33166

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: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN J PINO REYES (P)

Address: 6355 NW 36TH ST STE 407
VIRGINIA GARDENS, FL 33166

Name and Title: JULIO G GRADOS CABALLERO (VP)

Address: 6355 NW 36TH ST STE 407
VIRGINIA GARDENS, FL 33166

Name and Title: RONALD R DOMINGUEZ CALVA (T)

Address: 6355 NW 36TH ST STE 407
VIRGINIA GARDENS, FL 33166

Name and Title: VIRGILIO ACUNA PERALTA (S)

Address: 6355 NW 36TH ST STE 407
VIRGINIA GARDENS, FL 33166

Name and Title:

Address:

Name and Title:

Address:

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: TOTAL CORPORATION SERVICES, INC.

Address: 6355 NW 36TH ST STE 407

VIRGINIA GARDENS, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN J PINO REYES

Address: 6355 NW 36TH ST STE 407

VIRGINIA GARDENS, FL 33166

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

[Signature]
Required Signature/Registered Agent

03/24/2017
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.

[Signature]
Required Signature/Incorporator

03/24/2017
Date

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA