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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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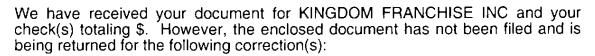
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2021

DAIMARYS RUIZ RODRIGUEZ 8103 S PLAM DR #408 PEMBROKE PINES, FL 33025

SUBJECT: KINGDOM FRANCHISE INC

Ref. Number: W21000081528



You failed to make the correction(s) requested in our previous letter.

The document must state the number of <u>shares of authorized stock</u>. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 921A00016272

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June 5, 2021

DAIMARYS RUIZ RODRIGUEZ 8103 S PLAM DR #408 PEMBROKE PINES, FL 33025

SUBJECT: KINGDOM FRANCHISE INC

Ref. Number: W21000081528

We have received your document for KINGDOM FRANCHISE INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 421A00012265

www.sunbiz.org

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COVER LETTER

	New Filing Section Division of Corpora		,	$\overline{}$					
SUBJEC	T: King	DOM INS	suronce ne of Resulting I		vitative Corporation	LLC			
	osed Articles of Co o a "Florida Profit						the follo	owing c	eligible
Please re	turn all correspond	ence concernir	ng this matter to:	:					
<u>D</u> ai	Marys Rui	z Rodeia Contact Person	ju-2	<u>.</u>					
Kin	1600M TN	SORANCE Firm/Company	Roperson	dative L	LC		\	2	
<u>8103</u>	<u>Couth</u> Pa	Address	B012	<u>-</u>			MASSET T	2821 SEP -7	
Tenah) Roke Pin	e S FL State and Zip	<u> 336 25</u> Code	5				AM 8: 24	T
usa a E-n	59 10 03 @ 9 nail address: (to be	ahoo. co jused for future	e annual report r	notification)			••		
For furth	er information con	cerning this ma	atter, please call	:					
Dain	Name of Contact	Codesque?	at (<u>78</u>	16) 23 Area Code and			iber		
Enclosed	is a check for the	following amo	unt:						
⋥ \$105.0	00 Filing Fees : anc Sta	l Certificate of		5 Filing Fees fied Copy	□\$122.50 F Certified Co Certificate o	py, and			
7 F	Vlailing Address: New Filing Section Division of Corpo P.O. Box 6327 Fallahassee, FL 3	on orations		New I Divisi The C	Address: Filing Section on of Corpor entre of Tall N. Monroe S	rations ahassee	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.

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filed b	y the F	lorida
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Required Signature for Florida Profit Corporation:			
Signature of Director, Officer, or, if Directors or Office	ers have not been selected, an Incorporator:		
Printed Name: Dai Marys Ris 2 Title:			
Required Signature(s) on behalf of Converting Floricompanies: [See below for required signature(s).]	ida partnerships, limited partnerships, a	nd limited liabilit	<u>ty</u>
Signature: Samarphy Prakayy		_	
Signature: Jamas phy Padricys Printed Name: Dainarys Ruiz Rodeiguez	Title: Director	_	
Signature:		282	
Signature: Printed Name: Signature: Printed Name:	Title:	I SEP	<u> </u>
Signature:		- 1 SSE:	
Printed Name:	Title:	AM 8	a i u see
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Printed Name:	Title:	-	
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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 Signatures of <u>ALL</u> General Partners.	Limited Partnership:		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.			
All others: Signature of an authorized person.			
Fees: Articles of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)		

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

name of the corporation shall be: Kingons	Franchise IDC.
TICLE II PRINCIPAL OFFICE principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
900 SW 30 ST # 8905 nbroke Pines FL 33027	
TICLE III PURPOSE purpose for which the corporation is organized is: of ssional and bosiness com > evuices -	seling Translation an other
	2921 S
TICLE V SHARES number of shares of stock is: 1,000,000.00 TICLE V OFFICERS AND/OR DIRECTORS ne and Title: DaimaRys Rviz Rodriguez (Director) dress: 149005W 305T # 8905 Pambroke Pines FL 33027	
ne and Title:dress:	Name and Title: Address:
ne and Title:dress:	Name and Title:Address:

TICLE VI REGISTERED AGENT

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

10: Lai Mary Ruiz Rodriguz

ress: 14900 S.W. 3057 A 8905

Pendokok Rinzo FL 33027

The street agent to accept service of process for the above stated corporation at the place designated in certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Buinary Ruj Rodrigg

Required Signature/Registered Agent

Date

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