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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

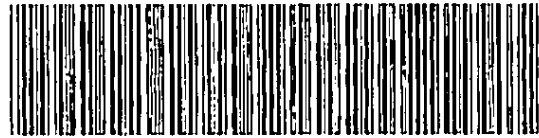
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/07/18--01016--004 **105.00

SECRETARY OF STATE
DIVISION OF CORPORATION
18 FEB 16 AM 7:29
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: FUNDACION MIGRANTE, 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:

GLORIAN MAZIARKA, ESQ.

Contact Person

MAZIARKA LAW, P.A.

Firm/Company

1010 EAST ADAMS STREET, SUITE 131

Address

JACKSONVILLE, FLORIDA 32202

City, State and Zip Code

GM@MAZIARKALAW.COM

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

For further information concerning this matter, please call:

GLORIAN MAZIARKA, ESQ. _____ at (904) 800-6767

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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~~⁶²¹.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SERVICIOS COMUNITARIOS EN FLORIDA, USA LLC 11666232949
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 DECEMBER 26, 2016
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:

N/A

4. The name of the Florida ^{Non} Profit Corporation as set forth in the **attached Articles of Incorporation**:
FUNDACION MIGRANTE, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 1/1/2018

(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.

SECRETARY OF STATE
DIVISION OF CORPORATION
18 FEB 16 AM 7:29
TALLAHASSEE, FLORIDA

Signed this 29 day of JANUARY, 2018.

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: MICHAEL MEIR Title: PRESIDENT

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

Signature: _____
Printed Name: JESSICA CARLO Title: VICE-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:
Certificate of Conversion: \$35.00
Fees for Florida Articles of Incorporation: \$70.00
Certified Copy: \$8.75 (Optional)
Certificate of Status: \$8.75 (Optional)

RECEIVED
DIVISION OF CORPORATION
18 FEB 16 AM 7:29
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME FUNDACION MIGRANTE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1401 NE MIAMI GARDENS DR. APT. 390
NORTH MIAMI BEACH, FLORIDA 33179

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fundación Migrante is a non-profit organization dedicated to enhancing connections, skills, and awareness of the immigrant population in the US, through empowering and training individuals, families and entrepreneurs, regardless country of origin, race, color, gender and age.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Provided in Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MICHAEL MEIR, PRESIDENT	Name and Title:	JESSICA CARLO, VICE-PRESIDENT
Address	1401 NE MIAMI GARDENS DR. #390 NORTH MIAMI BEACH, FL 33179	Address:	7901 BAYMEADOWS CIR E #581 JACKSONVILLE, FL 32256

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

STATE OF FLORIDA
DIVISION OF CORPORATIONS
18 FEB 16 AM 7:29
RECORDED & INDEXED
TALLAHASSEE, FLORIDA

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: MICHAEL MEIR
Address: 1401 Miami Gardens Drive #390
North Miami Beach, FL 33179

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
18 FEB 16 AM 7:29
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL MEIR
Address: 1401 Miami Gardens Drive #390
North Miami Beach, FL 33179

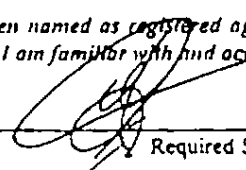
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

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

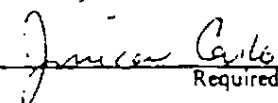


Required Signature of Registered Agent

1/23/18

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.



Required Signature of Incorporator

1/31/18

Date