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DIVISION OF CORPORATIONS

OF ILL -2 PM 3: 05

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: MA	ZON ENTER (Name of Resulting	PRISES IN ng Florida Profit Corporati	C.
			n, and fees are submitted to ation" in accordance with s.
Please return all cor	respondence concernin	g this matter to:	
MARIA FE	(Contact Person)	CASSE	07
FELIU MA	(Firm/Company)	.A	07 JUL -2 P
FOU SOUTH	(Address)	SUITE 110	PH 3: U
CORAL GAR	City, State and Zip Code)	33146	
For further informat	ion concerning this ma	tter, please call:	
ROCHELLE (Name of Co	ontact Person)	at (<u>805</u>) Let (Area Code and Da	u5-3302 Oytime Telephone Number)
Enclosed is a check	for the following amou	int:	
\$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 ADDRES	SS:	MAILING A	ADDRESS:
Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	Registration Division of C P. O. Box 63 Tallahassee,	Corporations 27

For "Other Business Entity" Into Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

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:
MAZON ENTERPRISES, LLC #L0600039502. (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LABILITY COMPANY (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of FORIDA (Enter state, or if a non-U.S. entity, the name of the country)
on APRIL 10 th 2000 (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 Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
MAZON ENTERPRISES, INC. (Enter Name of Florida Profit Corporation)
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: (N/A) (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.)

Signed this 28

Signature: (Must be signed by a Lhairman, Vice Chair Officers have not been selected, an Incorporator.)

Printed Name: M.V. Feliu Maurrosse, Title: INCORPORATOR

Fees:

\$35.00 Certificate of Conversion:

Fees for Florida Articles of Incorporation:

Certified Copy:

Certificate of Status:

\$70.00

\$8.75 (Optional)

\$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:

MAZON ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5721 SW 13 STREET WEST MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

DIVISION OF CORPORATIONS

07 JUL -2 PM 3: 05

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MAZON, ARMANDO (PRESIDENT)
5721 SW 13 STREET, WEST MIAMI, FL 33144

ARTICLE VI REGISTERED AGENT

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

FELIU MAURRASSE, P.A.

700 SOUTH DIXIE HIGHWAY, SUITE 110

CORAL GABLES, FL 33140

ARTICLE VII INCORPORATOR

• The name and address of the Incorporator is:

FELLU MAURRASSE, P.A.		
FOU SOUTH DIXIE HIGHWAY,	SUITE	110
CORAL GABLES, FL 33146		

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