P08000075440

(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	e #1		
		<u> </u>		
☐ PICK-UP	☐ WÁIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_	of Status		
	WD8-3	32447		
Special Instructions to Filing Officer:				
,				

Office Use Only

FF \$ 105



700131759417

08/12/08--01002--010 **38.00

Effective Date 7/9/08

SECKE JARY OF STATE DIVISION OF CORPORATIONS

07/11/08--60003--005 **67.00

Or of halfel door

B. Tackock AUG 1 3 2008





kenneth r. kresge, cpa benjamin l. platt, cpa, mba, cv william t. abare III, cpa, macc

business + individual:

iicholas j. cameron, cpa

financial management consulting

income'∢ estate planning

federal + state tax preparation

auditing + attestation services

%accounting + compilation services

trust a not for profit services

Brenda.

Enclosed is a check for \$38.00. The \$35.00 conversion fee and the \$3.00 credit cord fee. We spoke regarding the \$70.00 fee which we have already paid, and we did not regrest a refund.

This should be all of the paperwork and the Articles are included. Thank you for your help in this matter.

Micah Clukey

Stel.

904.460.074

fax

904.460.0947

email.

info@kpacpa.com

www.kpacpa.com

1200 plantation island drive

suite 230

saint augustine, florida 32080

COVER LETTER

TO: Registration Division of C				
SUBJECT:	SUISA G (Name of Resultin	ROP TAC	n)	
		-	, and fees are submitted to tion" in accordance with s.	
Please return all corr	respondence concernin	g this matter to:		
SY	(Contact Person)	<u>د د</u>		
SUISA GROWTUC (Firm/Company)				
	(Address)			
ST. /	City, State and Zip Code)	-C 3808A		
For further informat	ion concerning this ma	tter, please call:		
Bill Abou	ontact Person)	at (<u>904</u>) 4 (Area Code and Da	ytime Telephone Number)	
Enclosed is a check for the following amount:				
□\$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 S Division of C P. O. Box 63: Tallahassee,	orporations 27	

For "Other Business Entity" Into Florida Profit Corporation



DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:				
Suisa Group LLC LOT-38635				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a LIMITED LIMITLITY 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 FLOCIDA (Enter state, or if a non-U.S. entity, the name of the country)				
on APRIL 10, 2007 (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 <u>attached Articles of Incorporation:</u>				
SUISA GROUP INC.				
(Enter Name of Florida Profit Corporation)				
5. If not effective on the date of filing, enter the effective date: 7/9/2008 (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 5th day of August	, 20_ 08			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director Cobeen selected, an Incorporator: Printed Name: Olivia Tseaco Title:	Officer, or, if Directors or Officers have not			
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required			
Signature: Divia DSaacs Printed Name: Olivia Tsaac>	200			
Printed Name: Olivia Isaac	Title: Other			
Signature:				
Printed Name:	Title:			
Signature:Printed Name:	Title			
Timed Name.	Title.			
Signature:				
Signature:Printed Name:	_ Title:			
Signature				
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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$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: SUISA GROUP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11 LOCUST ST.

ST AUGUSTINE, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MANAGEMENT CONSULTING SERVICES

ARTICLE IV

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TITLE:P

TITLE: VP

SYDNEY ISAACS

OLIVIA ISAACS

11 LOCUST ST.

11 LOCUST ST.

ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084

ARTICLE VI REGISTERED AGENT

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

OLIVIA ISAACS

11 LOCUST ST.

ST AUGUSTINE, FL 32084

ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
OLIVIA ISAACS	
11 LOCUST ST.	
ST AUGUSTINE, FL 32084	
************	**********
Having been named as registered agent to accept service of pr designated in this certificate, I am familiar with and accept the ap- capacity	
Signature/Registered Agent	8/5/2008
Signature/Registered Agent	Date
Glura Loacs	<u> 8(5/<i>20</i>8</u>
Signature/Incorporator	Date