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(Requestor's Name)					
(Address)					
, (Address)					
(City/State/Zip/Phone #)					
<u></u>		<u></u>			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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EXAMINER



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SECRETARY OF STATE CORPORATIONS

COVER LETTER

Division of (
SUBJECT: Clord		ng Florida Profit Co		
The enclosed Certifi			•	on) , and fees are submitted t
convert an "Other B 607.1115, F.S.	usiness Entity" into a '	'Florida Profit C	Corpora	ition" in accordance with
Please return all corr	respondence concernin	g this matter to:		
Henry Marinello	(Contact Person)		_	
Cole, Scott, and Kissa	ine		_	
	(Firm/Company)			
9150 S. Dadeland Bo	ulevard Suite 1400 (Address)		_	
Miami, Florida 33156	City, State and Zip Code)		_	
For further informat	ion concerning this ma	tter, please call:		
Henry Marinello		_at (<u>305</u>) 350	5300
(Name of Co	ontact Person)	(Area Code	and Da	ytime 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 and Certified Co		☑ \$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAIL	ING A	ADDRESS:
Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions ter Circle	Divisio P. O. I	on of C Box 63:	Section Corporations 27 FL 32314
Tallahassee, FL 323	01			

Certificate of Conversion 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.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificat of Conversion is:	ie.	
Clord Cab, LLC		
(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, sole proprietorship, 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_March 2, 2004		
(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 laws of which it is now organized, formed or incorporated:	the	
	80	MAIC
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>	08 DEC -1	O 30 NOISIAIN
Clord Cab, Inc.	PH	
(Enter Name of Florida Profit Corporation)	1: 43	COSFORATIO

CRETARY OF STATE CORPORATION

(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed

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

therein.)

Signed this 6 day of NOVEMBER						
Required Signature for Florida Profit Corporat	ion:					
Signature of Chairman, Vice Chairman, Director been selected, an Incorporator: Printed Name: Henry Marinello Title:	ffoer, or, if Directors or Officers have not Incorporator					
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]						
Signature: Oth						
Printed Name: Drnagn Gustman	Title: SOLE MEMBER					
Signatura						
Signature: Printed Name:	Title					
Timed Name.	_ Title:					
Signature:						
Printed Name:	Title:					
Signature:Printed Name:						
Printed Name:						
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 Liabilit	. I imited Doutnambin.					
Signatures of ALL General Partners.	y Limited Partnership:					
Signatures of ALL General Farthers.						
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)					
	· \ - F/					

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:

Clord Cab, Inc.

* .* . *

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 800 14th St Key West, Florida 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE VI

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Darren Guttman, 800 Catherine Street, Key West, Florida 33040; President Evan Guttman, 545 Hunter's Glen Lane, Hendersonville, North Carolina 27023; Vice President, Treasurer, Secretary Eli Guttman, 800 Catherine Street, Key West, Florida 33040; Vice President

REGISTERED AGENT

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

Henry Marinello Cole, Scott, and Kissane 9150 S. Dadeland Boulevard, Miami, Florida 33156 4 1 1 7

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