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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE

Office Use Only

COVER LETTER

| Division of | Section Corporations | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|
| SUBJECT: | Cur C | rearuns i | LLC |
| SOBJECT | | ng Florida Profit Corpo | |
| | | - | tion, and fees are submitted to poration" in accordance with s. |
| Please return all cor | respondence concernin | g this matter to: | |
| AlVARO | Higo DAVITA | , | |
| | | | |
| | CUT Creamon | is Inc. | |
| | (Firm/Company) | | |
| | 6813 Swar | in ave. | |
| | (Address) | | |
| | Tampa, 7L (City, State and Zip Code) | 33625 | |
| | (City, State and Zip Code) | | |
| For further informat | ion concerning this ma | itter, please call: | |
| Aliman Him | a Davida | 2/> | 224 1/1/p |
| (Name of Co | ontact Person) | at (| 870 - 1440 d Daytime Telephone Number) |
| | for the following amou | | |
| \$105.00 Filing Fees | \$113.75 Filing Fees and Certificate of Status | □\$113.75 Filing Fe and Certified Copy | ces \$122.50 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: | | MAILIN | G ADDRESS: |
| Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | Division P. O. Box | ion Section of Corporations & 6327 see, FL 32314 |

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 Certificate | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| of Conversion is: | | | | |
| Cur Cleanins LLC LO8-29976 | | | | |
| (Enter Name of Other Business Entity) | | | | |
| 2. The "Other Business Entity" is a Lionited Liability Congray | | | | |
| 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) | | | | |
| on3/24/08 | | | | |
| (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: | | | | |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> OT CREATIONS INC. | | | | |
| (Enter Name of Florida Profit Corporation) | | | | |
| | | | | |
| 5. If not effective on the date of filing, enter the effective date: | | | | |
| (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 | | | | |

| Signed this 6th day of Ceprie | , 20 <u>09</u> |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Required Signature for Florida Profit Corporat | ion: |
| Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator: Printed Nardenae Tygo Davila Title: | Officer, or, if Directors or Officers have not |
| Required Signature(s) on behalf of Other Business signature(s).] | S Entity: [See below for required |
| Signature: All Signature: Printed Name Hvano Hvafo DAUITa | Title: <u>Gen. Mgr</u> |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | _ Title: |
| Signature:Printed Name: | _ Title: |
| Signature:Printed Name: | |
| Signature:Printed Name: | Title: |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | ty Partnership: |
| <u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners. | y Limited Partnership: |
| 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:

CUT CREATIONS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6813 Swain Ave. Tanpa, FL 33625

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Business

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P. Alvaro Hugo Davila 6813 Swain Ave. Tampa, 72 33625

ARTICLE VI REGISTERED AGENT

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

Alvano Hugo Davila 6813 Swain Ave Tampa, 71 33625

| ARTICLE VII | INCORPORATOR | |
|-------------------------|------------------------------------------------------------------------------------------------------|------------|
| The <u>name and add</u> | dress of the Incorporator is: | |
| | Alvano Hugo D 6813 Swan Tampa, EL | Auila |
| | 6813 Swan | is Ave |
| | Tampa EL | 33625 |
| ***** | ******** | ********** |
| designated in this cert | as registered agent to accept service of process ificate, I am familiar with and accept the appointn | |
| capacity | \mathcal{O} | |
| | Jun | 4-6-09 |
| Signatur | e/Registered Agent | Date |
| | Harry | 4-6-09 |
| Signatu | re/Incorporator | Date |
| | | |
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SECRETARY OF STATE
TALLAHASSEE FLORIDA