

P10000055920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

W10-29717

Special Instructions to Filing Officer:

Dna Pinhas

AUTHORIZATION BY PHONE TO

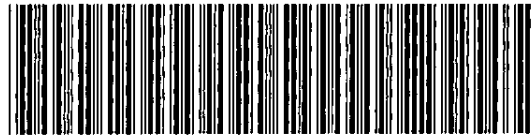
CORRECT Art V & VII in Art. of Inc.

DATE 7/8/10

SEE EXAM Let

Office Use Only

FF \$105.00



900181250899

06/24/10--60026--025 \*\*67.00

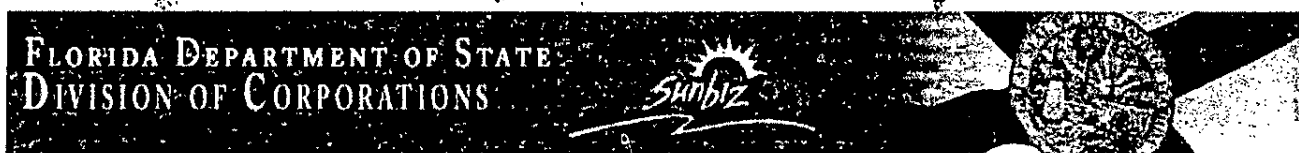
07/06/10--01036--030 \*\*35.00

10 JUN 22 PM 2:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

EFFECTIVE DATE  
6/22/10

Originally read/Submitted  
online - 6/22/10 - Let

JUL 08 2010



PAYMENT RECEIPT	
Transaction Amount:	\$70.00
Email Address:	dinapinhas@gmail.com
Date/Time Paid:	06/21/2010 09:21:00
Payment ID Number:	30086107
Reference Number:	300182389873
Document Number:	NEW
<p>Thank you for using the <b>LINK 2 GOV</b> Online Payment System. Print this receipt for your records.</p>	

Continue

confirm #  
300182389873

L10000065508.

To whom it may concern:

Please apply the above \$70 credit I used to register Dina Pinhas, PA the corporation on 6/21/2010 as evidenced above. Here is the additional thirty five dollars check #1324.  
Please call me at 786-547-6063.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dina Pinhas, P/A  
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:

Dina Pinhas  
Contact Person

Dina Pinhas, P/A  
Firm/Company

1087 NW 1st Ct  
Address

Hallandale, FL 33009  
City, State and Zip Code

dinapinhas@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dina Pinhas at (786) 547-6063  
Name of Contact Person Area Code and Daytime 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 ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 22 PM 2:46

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. 607.1115, Florida Statutes.

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

Dina Pinhas, LLC  
Enter Name of Other Business Entity

EFFECTIVE DATE  
6/22/10

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.)

L10-15508

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 6/18/2010  
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 **attached Articles of Incorporation:**

Dina Pinhas, PA  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 6/22/2010  
(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 29 day of June, 2010.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Dina Pinhas Title: President

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

Signature: [Signature]

Printed Name: Dina Pinhas Title: ~~President~~ MGRM,

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)

**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: Dina Pinhas, PA

**EFFECTIVE DATE**  
6/29/10

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 1087 NW 1st Ct  
Hallandale, FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Practice of Law

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): Dina Pinhas, President  
1087 NW 1st Ct.  
Hallandale, FL 33009

**ARTICLE VI REGISTERED AGENT**

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

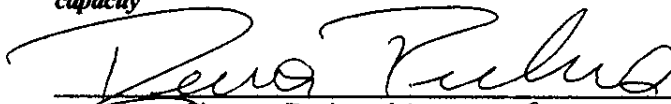

Dina Pinhas  
1087 NW 1st Ct  
Hallandale, FL 33009

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dina Pinhas  
1087 NW 1st Ct.  
Hallandale, FL 33009

\*\*\*\*\*  
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

  
Signature/Registered Agent  
  
Signature/Incorporator

6/29/2010  
Date  
6/29/2010  
Date

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 22 PM 2:44