

P10000082598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

L1-27112

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

4144679
A. LUNT
OCT 11 2010
EXAMINER

Office Use Only



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09/22/10--01033--023 **113.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT -8 PM 3:05

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2010

JAIRO GONZALEZ
13574 VILLAGE PARK DR. SUITE 135
ORLANDO, FL 32837

SUBJECT: MOBEL TOURS INC.
Ref. Number: W10000044679

We have received your document for MOBEL TOURS INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The President must sign the conversion.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 310A00022706

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBEL TOURS INC

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:

JAIRO GONZALEZ

Contact Person

GONTAX CORP

Firm/Company

13574 VILLAGE PARK DR SUITE 135

Address

ORLANDO, FL 32837

City, State and Zip Code

info@gontax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIRO GONZALEZ

Name of Contact Person

at (407)

251-6266

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

2010 OCT -8 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

2010 OCT -8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

SERVIMOS SOLUTION, 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,
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 10, 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:**

MOBEL TOURS INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 09/15/2010
(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 15 day of AUGUST, 20 10.

Required Signature for Florida Profit Corporation:

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

Printed Name: JOSE D. MORALES Title: PRESIDENT

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

Signature:

Printed Name: JOSE D. MORALES Title: PRESIDENT

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT -8 PM 3:05

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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:

MOBEL TOURS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3948 Promenade Square Dr
Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation may engage or transaction any all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

The Corporation is authorized to issue Four thousand (4.000) shares of value (US\$ 1.00) dollar each one.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jose D. Morales (President, Treasurer, Secretary) 100%
3948 Promenade Square Dr
Orlando, FL 32837

ARTICLE VI REGISTERED AGENT

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

Jose D. Morales
3948 Promenade Square Dr
Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose D. Morales
3948 Promenade Square Dr
Orlando, FL 32837

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

09/15/2010

Date

09/15/2010

Date

FILED
2010 OCT -8 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA