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(Re	equestor's Name)		
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
	WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:-		
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Office Use Only



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T. HAMPTON

EXAMINER

大手士

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	DANIELE H	IENKEL ENTER	PRISES	LLC	
		Resulting Florida Profit Corp			
"Other Business E	ificate of Conversion, Anntity" into a "Florida Pro	ofit Corporation" in acc			
Please return all co	orrespondence concernin	g this matter to:			
BRIA	N PRZYSTUP Contact Person				
BRIAN	PRZYSTUP & A	ASSOCIATES LL	د		
275	NE 18TH ST Address	SUITE: 310			
MÌA	Mi FL 33/32 City, State and Zip Code	2			
	City, State and Zip Code				
MiA E-mail address: (1040 TAX (a) YA to be used for future annual r	report notification)			
For further informa	ation concerning this ma	tter, please call:			
BRIAN PI	RZ-YSTUP Contact Person	_at (<u>305</u>) <u>3</u> Area Code and Dayti			
Enclosed is a check	k for the following amou	ınt:			
\$105.00 Filing Fee	s \$\square\$\$\$\$\square\$	☐\$113.75 Filing Fees and Certified Copy	\$122.50 Fili Certified Copy Certificate of S	, and	
STREET ADDRE Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations enter Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section orporations 27	Werker 3	56



January 25, 2011

BRIAN PRZYSTUP 275 NE 18TH ST STE 310 MIAMI, FL 33132

SUBJECT: DANIELE HENKEL CORPORATION

Ref. Number: W11000004634

We have received your document for DANIELE HENKEL CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 111A00002100

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.

Conversion is:	
DANIELE HENKEL ENTERPRISES LLC	
Enter Name of Other Business Entity	. 9
	TI IAN 25 PM F. F.
first organized, formed or incorporated under the laws of $FLORiDA$. (Enter state, or if a non-U.S. entity, the name of the country)	ORPORA
on	, E
on	ठें
 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws 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 	
DANIELE HENKEL CORPORATION	•
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 attached Articles of Incorporation, if an effective date is listed therein.)	
6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.	
7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which	it is

currently organized, formed or incorporated.

Signed this <u>25</u> day of	January , 20 11.	
Required Signature for Florida Individual signing affirms that the a third degree felony as provided	e facts stated in this document are true. Any false info	ormation constitutes
Signature of Chairman, Vice Chaselected, an Incorporator: Printed Name: Blind Plan	irman, Director, Officer, or. if Directors or Officers h	nave not been
stated in this document are true. As.817.155, F.S. [See below for req		y as provided for in
Signature:	Hell	
Printed Name: DANIELA	HENKEL Title: P/D	
Timed Name.	Title.	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	_
-		
Signature:		
Printed Name:	Title:	_
If Florida General Partnership o Signature of one General Partner.	r Limited Liability Partnership:	_
If Florida Limited Partnership o Signatures of <u>ALL</u> General Partner	r Limited Liability Limited Partnership: rs.	
If Florida Limited Liability Com Signature of a Member or Authoriz		01.
All others: Signature of an authorized person.		DIVISION 11 JAN

\$35.00

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	DANIFIE	HENKEL	- Coclos	ATION
The name of the co	orporation shall be:	DANTELE	, ,,,,,,,	• , ,	
ARTICLE II	PRINCIPAL OFF Principal stree 275 NE M'AM'			Mailing address, it	f different is:
ARTICLE III The purpose for w	PURPOSE which the corporation	is organized is: AN	Y AND AC	LAWFUL	BUSINESS
ARTICLE IV The number of sha	ares of stock is:	100			
ARTICLE V	INITIAL OFFICE	ERS AND/OR DIRECT	<u>I'ORS</u> Vム Name and Tit	ים	
Address:	9283 T	HIMENS	Address:		
Title PLD	· · · · · · · · · · · · · · · · · · ·	uds Ru H840-A1			
Name and T Address:	Title:		Name and Tit Address:		
Name and T Address:	 .		Address:		
	REGISTERED A				C-1
The <u>name and Flo</u> Name:		(P.O. Box NOT acceptable 274570P & ASSOCIATE		gent is:	<u> -</u>
Address:	275 NE	18TH ST SUITE 3 Mi, FL 33132	10		SION (
ARTICLE VII	INCORPORATO	R			14R 0F 1 1 25
The <u>name and ad</u>	dress of the Incorpora	ntor is:	•		3 627
Name: Address:	275 N	J PRZYSTUP JE I&TH ST SUITE 3 AI FL 3313Z	310		PERA
Having been nam this certificate, I a	ned as registered ager Im familigr with and d	nt to accept service of pro accept the appointment as	ocess for the above s s registered agent an	tated corporation a d agree to act in thi	t the place designated of
Zna	- Kat	- 	/۱۸	25/11	
Requ	rired Signature/Regist	ered Agent	Da	25/11 te	
I submit this docu	iment and affirm tha	_			formation submitted in a
Z	-fat	~	01/	125/11	
Requi	red Signature/Incorpo	orator	Da	ate	