# P110000 47463

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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**B.** BOSTICK

MAY 1 9 2011

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DANTE ALEM	A. P. A.
Name of Resulting	Florida Profit Corporation
The enclosed Certificate of Conversion, Articles o "Other Business Entity" into a "Florida Profit Cor	f Incorporation, and fees are submitted to convert an poration" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this n	natter to:
DANTE ALEMAN	
Contact Person	
DANTE ALEMA, P.A.	
4944 NW 102 AV. th 2	- <u>03</u> = TALL
City, State and Zip Code	
10 + 0 10 = 1	REALTYPACINERS. 2017 =
STALL GONISE WILLEN	
E-mail address: (to be used for future annual report no	mication) RE 5
For further information concerning this matter, ple	_
Name of Contact Person Ar	786, 597-0446
Name of Contact Person Ar	ea Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
	2.04 PW - F
\$105.00 Filing Fees  \$\Bigcup \\$113.75 Filing Fees and Certificate of Status	3.75 Filing Fees ertified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

### **Florida Profit Corporation**

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:	<b>ļ</b> L
Enter Name of Other Business Entity	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a (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 Course (Enter state, or if a non-U.S. entity, the name of the country)  on Enter date "Other Business Entity" was first organized, formed or incorporated	,
on Shift Companies Entity was first organized, formed or incorporated	•
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the haws of	
which it is now organized, formed or incorporated:	
NIA	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	
DANTE ALEMAN, PA	
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; <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 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.	

Page 1 of 2

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 day of	, 20	
Required Signature for Florida Profit Corporat	ion•	
Individual signing affirms that the facts stated in the	uis document are true. Any false infor	mation constitutes
a third degree felony as provided for in s.817.155,	F.S.	
Signature of Chairman, Vice Chairman, Director, C	( )	
Signature of Chairman, Vice Chairman, Director, C	Officek or, if Directors or Officers ha	ive not been
selected, an Incorporator:		
selected, an Incorporator:  Printed Name: DANTE ALENAN Title:	Different	_
		_
Required Signature(s) on behalf of Other Busines	s Entity: Individual(s) signing affirm	(s) that the facts
stated in this document are true. Any false informa		
s.817.155, F.S. [See below for required signature(s).		•
Signature: Printed Name: DAP TE ALERAN		
Printed Name: [ AX TE ALENS N	Title: DIR ZOTOR	
		_
Signature:		
Signature:Printed Name:	Title:	
Signature:Printed Name:		<del></del>
Printed Name:	Title:	
Signature:Printed Name:		<del></del>
Printed Name:	Title:	<del>2</del> 56 11
		59 <b>3 1</b>
Signature:Printed Name:	TD'.1	
Printed Name:	I itle:	Live to the Line
Ciamatana		Ma - M
Signature: Printed Name:	Title	
Frinted Name.	Title	PN 1:57
If Florida General Partnership or Limited Liabili	ty Partnershin:	<b>25</b> 5.
Signature of one General Partner.	ty I al thership.	7 DA
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili	ty Limited Partnershin:	
Signatures of ALL General Partners.	Ty Zimirou i wi the omp	
organization of <u>FEED</u> contract furnishing		
If Florida Limited Liability Company:		
Signature of a Member or Authorized Representative	2.	
1		
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 No.	AME oration shall be:	DANTE	ALEMA	$A \cdot G, C,$		
	_	CE address AV. #203	- -	Mailing address, if different is:		
The purpose for whice		_	_			
ARTICLE IV SI The number of shares  ARTICLE V IN	of stock is:	RS AND/OR DIRE	etors			
	WG PPPP	8/152 . 7 8/152 . 7				
Name and Title: Address:			Addres	and Title:s:	(4) FR +	8
Name and Title Address:			4 1 1		<u> </u>	57
ARTICLE VI RI The name and Florid Name: Address:	DUYLE	DENT O Box NOT accept ALENA OUN LONA OU	#202	tered agent is:		
ARTICLE VII IN The name and address Name: Address:	ss of the Incorporate	102 102	11. HE 203	•		
Having Been named this certificate, I am f		chept the appointmen				designated in
I submit this docume document to the Depu	ent and affirm that	the facts stated here astitutes a third degre	ein are true. I an ee felony as provi	n aware that any ided for in s.817.1	false information s	ubmitted in a