P1100053987

| (Re | questor's Name) | · |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| ———(Ad | dress) | |
| . (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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Office Use Only



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JESKENARY OF STATE

D. BRUCE
JUN 0 9 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2011

OBRA PRIMA CONSTRUCTION GROUP INC. NELSON MEDINA JR. 3408 W 84 STREET, STE. 316 HIALEAH, FL 33018

SUBJECT: OBRA PRIMA CONSTRUCTION GROUP, LLC

Ref. Number: L07000097879

We have received your document for OBRA PRIMA CONSTRUCTION GROUP, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of 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) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 611A00012958

www.sunbiz.org

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

| Division of C | orporations | | | | | |
|--|--|---|---|------------------|-----------|------|
| SUBJECT: OBRA | PRIMA Construction | n Group Inc. | | | | |
| | | Resulting Florida Profit Corp | poration | | | |
| | | rticles of Incorporation, of the Corporation" in acc | | | | t ar |
| Please return all corre | espondence concernin | g this matter to: | | | | |
| Nelson Medina Jr | | | | | | |
| | Contact Person | | _ | | | |
| OBRA PRIMA C | onstruction Grou | p Inc. | | <u> </u> | | • |
| | Firm/Company | <u> </u> | | | <u>د۔</u> | _ |
| 3408 W. 84 Street, | Suite 316 | | | LAHASSEE, FI | J8 PM : | í |
| | Address | | | EE. | 3 | |
| Hialeah, FL 33018 | | | | STATE FLORIDA | e3 | ζ |
| C | ity, State and Zip Code | | | D | | |
| nmedina@nsmsi. | com | | | | | |
| E-mail address: (to | be used for future annual r | eport notification) | | | | |
| For further information | on concerning this ma | tter, please call: | | | | |
| Nelson Medina Jr | | at (305) 825 | -2300 | | | |
| Name of Con | tact Person | | me Telephone Number | | | |
| Enclosed is a check f | or the following amou | ınt: | | | | |
| ☑ \$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 Corporati Clifton Building 2661 Executive Center | ons | MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I | Section orporations 27 | | | |

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:

| OBRA PRIMA Construction Group LLC | # L07000097879 | | |
|---|--|------------------|--|
| Enter Name of | Other Business Entity | | |
| | lity Company ed liability company, limited partnership, mon law or business trust, etc.) | ゴ ゴ ご: - 3 | and the second s |
| first organized, formed or incorporated under the l | aws of Florida | 골 | |
| | S. entity, the name of the country) | 77 (3) | |
| on September 25, 2007 | | | |
| Enter date "Other Business Entity" v | vas first organized, formed or incorporated | ļ | |
| 4. The name of the Florida Profit Corporation as s OBRA PRIMA Construction Group Inc. | set forth in the attached Articles of Incorp | porați | on: |
| | orida Profit Corporation | | |
| 5. If not effective on the date of filing, enter the e (The effective date: 1) cannot be prior to nor n filed by the Florida Department of State; AND attached Articles of Incorporation, if an effective | ffective date: nore than 90 days after the date this documents 2) must be the same as the effective date | | |
| 6. The conversion is permitted by the applicable la conversion complies with such law(s) and the requestroncersion. | | | |

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 | 3rd | day of May | • | · '• | | , 20_11 | · | | | |
|--------------|---------|------------------------------------|----------------------------|----------------------------|------------------|----------|----------------|-------------|-----------|-----------------------|------------|
| Requir | red Si | ignatur | e for Florida Pro | fit Corporat | <u>ion:</u> | | | | | | |
| Individ | lual si | gning a | ffirms that the fac | ts stated in th | is docum | ent are | true. Any | false info | rmation | const | titutes |
| | | | as provided for i | | | | • | | | | |
| Signatu | ure of | Chairm | an, Vice Chairma | n, Director, | fficer, or | , if Dir | ectors or (| Officers ha | ave not | been | |
| selecte | d, an | Incorpo | rator: Variation Medina(Jr | 14 | - | | | | | | |
| Printed | l Nam | e: <u>Nelso</u> | n Medina(Jr | Title: | <u>President</u> | | | | | | |
| Requir | ed Sig | gnature | (s) on behalf of O | ther Business | s Entity: I | Individ | ual(s) sign | ing affirm | ı(s) that | the fa | acts |
| stated i | n this | docum | ent are true. Any | false informat | tion const | itutes a | third deg | ree felony | as prov | ided : | for in |
| | | | below for required | | | | | ,, | F | | |
| | | | 21/1 | | .1 | | | | | | |
| Signatu | ire: _ | $\neg \prime \prime \prime \prime$ | Jeff | | | | | | | | |
| Printed | Name | e://e | bon Medme | T/ | Title: | Pre: | ident | | | | |
| | | | | | | • | | | | | |
| Signatu | ire: _ | | | | | | | | | | |
| Printed | Name | e: | | | _ Title: _ | | | | <u></u> | | |
| Cianatu | 1801 | | | | | | | | | | |
| Drinted | Nome | | | | Titles | | | | | | |
| Frinted | IName | o: | | | _ me: _ | | | | | | |
| Signatu | ire: | | | | | | | | | | |
| Printed | Name |); | | | Title: | | | | _ | | |
| | | | | | | | | | | **** | |
| Signatu | re: _ | | | | | | | | <u></u> | | |
| Printed | Name | e: | | | _ Title: | | | | | \$ = | |
| G : . | | | | | | | | | SS. | co Co | Brankline. |
| Signatu | re: | | | | Titlet | | | | | 770 | |
| Printeu | Name | s: | | | _ mie: _ | | <u> </u> | · · · · · | | 3 | 2 6 p |
| If Flori | ida Ge | eneral P | artnership or Lii | nited Liabilit | v Partner | rship: | | | 25 | 1111 €3 | |
| | | | eral Partner. | | | | | | DA. | ثت | |
| | | | | | | | | | | | |
| | | | artnership or Lir | <u>nited Liabilit</u> | y Limited | l Partn | <u>ership:</u> | | | | |
| Signatu | res of | ALL G | eneral Partners. | | | | | | | | |
| If Flori | da Li | mited I | iability Company | 7 • | | | | | | | |
| Signatu | re of a | Membe | er or Authorized R | <u>r.</u> enrecentative | | | | | | | |
| Signatu | 10 01 2 | ı ıvıcıııbı | or radiorized in | epresentative. | • | | | | | | |
| All othe | ers: | | | | | | | | | | |
| | | an autho | rized person. | | | | | | | | |
| - | | | | | | | | | | | |
| Fees: | O | ~ , ~ | | | 0 25.00 | | | | | | |
| | | | Conversion: | | \$35.00 | | | | | | |
| | | | ida Articles of Inc | corporation: | \$70.00 | | 15 | | | | |
| | | fied Cop | • | | \$8.75 (C | • | • | | | | |
| | Certii | ficate of | Status: | | \$8.75 (C | ptiona | l) | | | | |

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

| | PRINCIPAL OFFICE | | |
|--|---|---|--|
| | Principal street address | Mailing add | lress, if different is: |
| 3408 W. 8 | 34 Street, Suite 316 | | |
| Hialeah, FL | . 33018 | | |
| | | | |
| ARTICLE III I | PURPOSE | | |
| he purpose for wh | ich the corporation is organized is: | | |
| Builder/Co | onstruction | | |
| | 0111BB0 | | |
| he number of share | SHARES | | |
| ne number of share | es of stock is: 20 Shares | | |
| RTICLE V | INITIAL OFFICERS AND/OR D | <u>IRECTORS</u> | |
| | e; Nelson Medina Jr President | | |
| Address: | 3408 W. 84 Street, Suite 316 | Address: | · · · · · · · · · · · · · · · · · · · |
| | Hialeah, FL 33018 | | |
| | | | |
| Name and Tit | le: | Name and Title: | |
| Address: | | A ddrace: | |
| | | | |
| | | 1 | |
| | | | |
| | e: | Name and Title: | |
| Address: | | Address: | |
| | | Nelson Medina J | |
| | | THE SUIT WESTING | |
| RTICLE VI | REGISTERED AGENT | | <u> </u> |
| he <u>name and Flor</u> | ida street address (P.O. Box NOT ac | ceptable) of the registered agent is: | ER ST |
| | Nelson Medina Jr | <u></u> | CO Se i comment |
| Name: | 3408 W. 84 Street, Suite 316 | | Q>∞ co |
| Name: Address: | | | taj es um tartant |
| | Hialeah, FL 33018 | | |
| Address: | | | |
| Address: | NCORPORATOR | · · · · · · · · · · · · · · · · · · · | |
| Address: RTICLE VII he name and address | INCORPORATOR ess of the Incorporator is: | ···· | AF STATE OF THE ST |
| Address: | NCORPORATOR | | ID IF STATE FEORIDA |