#P11000100666

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400213870854

11/09/11--01009--005 **60.00

11/23/11--01004--020 **62.50

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SECRETARY OF STATE
TALLAHASSEE, FI ORION

K.SALY EXAMINER NOV 2 3 2011

COVER LETTER

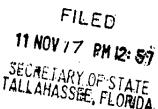
TO:

Registration Section

Tallahassee, FL 32301

Division of C	Corporations		
SUBJECT: J&J Div		7-7-1	
•	Name of F	Resulting Florida Profit Co	rporation .
	ity" into a "Florida Pro		n, and fees are submitted to convert an cordance with s. 607.1115, F.S.
•	espondence concernin	g this matter to:	11.40
Shareika Miller		•	• •
	Contact Person		•
,	• •	191	
J&J Divine Dyna	asty Inc.	.	die en
	Firm/Company	· , <u>-</u>	
6990 Pembroke Ro	ad	7	
	Address		
Pembroke Pines,			
C	City, State and Zip Code		
jjdivinedynasty@ E-mail address: (to	gmail.com be used for future annual i	report notification)	
·		•	
For further informati	on concerning this ma	tter, please call:	
Shareika Miller		at (786) 25°	1-7356
Name of Con	tact Person		time Telephone Number
Enclosed is a check f	or the following amou	unt:	
□ \$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 ADDRES Registration Section	<u>S:</u>	MAILING Registration	
Division of Corporat	ions	_	Corporations
Clifton Building		P. O. Box 63	
2661 Executive Cent	er Circle	Tallahassee.	FL 32314

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:
J&J Divine Dynasty LLC \(\(\begin{align*} \(\lambda\)\(\pi
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 November 4, 2011 .
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 <u>attached Articles of Incorporation:</u>
J&J Divine Dynasty Inc.
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 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.
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 10th day of November	, 20_11	
Required Signature for Florida Profit Corporati Individual signing affirms that the facts stated in this a third degree felony as provided for in s.817.155, F	s document are true. Any false information cons	titutes
Signature of Chairman, Vice Chairman, Director, O selected, an Incorporator: Printed Name: Shareika Miller Title:		
Required Signature(s) on behalf of Other Business stated in this document are true. Any false informat s.817.155, F.S. [See below for required/signature(s).] Signature:	Entity: Individual(s) signing affirm(s) that the find constitutes a third degree felony as provided	
Printed Name: Marie Dany C Auguste	Title: MGRM	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:		
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	<u> Limited Partnership:</u>	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.	,	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

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

FILED

The name of the cou	NAME	ne Dynasty Inc. LANY OF STA Mailing address, if different is:
The name of the col	DIVI	HE Dynasty Into ART OF CT.
ARTICLE II	PRINCIPAL OFFICE	ANASSE FIOR
	Principal street address	Mailing address, if different is:
6990 Pen	nbroke Road	P.O. Box 55 - 1806
Pembroke i	Pines, FI 33023	Miami, Fi 33055
 		
ARTICLE III	PURPOSE	
	nich the corporation is organized is:	
• •		
A N I\/		AVA/ELIL DIJONIECO
AINY	AND ALL L	AWFUL BUSINESS
	-	
ARTICLE IV	SHARES	
The number of share	es of stock is: 50	
	- -	
	INITIAL OFFICERS AND/OR DIR	'''''''''''''''''''''''''''''''''''''
	e; Marie Dany C Auguste / President	Name and Title:
Address:	211 nw 99 st	Address:
	Mlami, Fl 33150	
Name and Tit	e: Shareika Miller / Vice-President	Name and Title:
Address:	17600 nw 5 ave Unit 207	Address:
radicss.	Miami Gardens, FI 33169	
Name and Tit	le:	Name and Title:
Address:		Address:
	REGISTERED AGENT	
	ida street address (P.O. Box NOT acce	ptable) of the registered agent is:
Name:	Dawanda N Jenkina 20111 nw 34 ct	
Address:		
	Miami, FI 33056	
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator is:	
Name:	Shareika Miller	
Address:	17600 nw 5 ave Unit 207	
	Miami Gardens, Fl 33169	
laving been name his certificate. I an	d as registered agent to accept service of a service of a familiar with and accept the appointment	f process for the above stated corporation at the place designated int as registered agent and agree to act in this capacity
l ~ ~	a secopt the appointment	
	autins)	11/10/11
(V).YI.II.	or and a comment	· · · · · · · · · · · · · · · · · · ·
<u>(V) . Y). (J</u>	ed Signature/Registered Agent	Date

11/10/11

Required Signature/Incorporator