#P12000014740

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone	e #)
PICK-I	UP WAIT	MAIL
	(Business Entity Nar	ne)
	(Document Number)	
Certified Copies	Certificates	s of Status
Special Instruction	ns to Filing Officer:	
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Office Use Only



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KBALY EXAMINER FEB 1 3 2012

COVER LETTER

TO: Registration Sec Division of Cor			
	•		
SUBJECT: ILYA TOP		esulting Florida Profit Co	progration
NOME. Nome of the second br>NOME of the second	Name of Ro	esulting Florida Front Co	rporation
			n, and fees are submitted to convert an ecordance with s. 607.1115, F.S.
Please return all corresp	pondence concerning	g this matter to:	
EILYA TORCHINSKY			
	Contact Person		
LAW OFFICES OF	ILYA TORCHI	NSKY LLC	
	Firm/Company		
17100 COLLINS AVE	SUITE 217		
	Address		
SUNNY ISLES BEA	CH FL 33160		
	, State and Zip Code		
ILYATORCHINSKY	@GMAIL.COM		
E-mail address: (to be	used for future annual re	port notification)	
For further information	concerning this mate	ter, please call:	
ILYA TORCHINSKY		/	1-2910
Name of Contac	t Person	Area Code and Day	time Telephone Number
Enclosed is a check for	the following amour	nt:	
aı	3\$113.75 Filing Fees nd Certificate of tatus	☐\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING.	
Registration Section	•	Registration	
Division of Corporations Clifton Building		Division of 0 P. O. Box 63	
2661 Executive Center (Circle	Tallahassee,	
Tallahassee, FL 32301	- · ·	2 37	

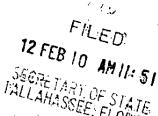
Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation



This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the Data 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:
LAW OFFICES OF ILYA TORCHINSKY, LLC L0900038688
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 4/22/2009
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>
ILYA TORCHINSKY, P.A.
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.

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.

Sign	ed this 7	_day of FEBRUARY	, 20_12		
Dear	Required Signature for Florida Profit Corporation:				
			nis document are true. Any false inform	ation constitutes	
		as provided for in s.817.155,			
a.		Tr' Ol' D'	Ar is no acres	. 1	
Sign	ature of Chairma	an, Vice Chairman, Director	officer, or, if Directors or Officers have	not been	
Print	Signature of Chairman, Vice Chairman, Director Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: ILYA TORCHINSKY Title: OWNER				
		/			
			s Entity: Individual(s) signing affirm(s)		
		ent are true. Any false information below for required signature(s).	tion constitutes a third degree felony as	provided for in	
	· -		•		
Signa	ature:	Tel -	Title: MANAGING MEMBER		
Print	ed Name: ILXA TO	DREHINSKY	Title: MANAGING MEMBER		
Sian	ature:				
Print	ed Name:		Title:		
Signa	ature:		Title:		
Print	ed Name:				
Signa	ature:	· · · · · · · · · · · · · · · · · · ·			
Print	ed Name:		Title:		
Signa	ature:				
Print	ed Name:		Title:		
Siana	otura				
Print	ed Name:		Title:		
		artnership or Limited Liabilit	ty Partnership:		
Signa	ature of one Gene	erai Pariner.			
If Flo	orida Limited Pa	artnership or Limited Liabilit	y Limited Partnership:		
Signa	atures of <u>ALL</u> Ge	eneral Partners.			
If Fla	orida Limited Li	iahility Company:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.					
	thers: ature of an author	rized nerson			
Oigin	itare of an admor	nzed person.			
<u>Fees</u>	_				
	Certificate of	· · · · · · · · · · · · · · · ·	\$35.00		
		da Articles of Incorporation:	\$70.00 \$8.75 (Ontional)		
	Certified Cop Certificate of		\$8.75 (Optional) \$8.75 (Optional)		
	Commean of	Diuius.	worrd (Optionar)		

ARTICLES OF INCORPORATION

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

	in comphance with Cha	pter 607 and/or Chapter 621, r.	3. (FIOIII)
ARTICLE I N	AME		CALL CALL
The name of the corpo	oration shall be: LYA	ORCHINSK	Y, P.A. (12/18/0)
ARTICLE II P	RINCIPAL OFFICE		ALASIAN W
	Principal street address	N	Mailing address, if different is: "ASSECTOR"
17100 COL	LINS AVENUE		
SUITE 217			⁽ Q
SUNNY ISLE	S BEACH, FL 33160		
ARTICLE III PR	TRPOSE the the corporation is organized is:		
IAV	V FIRM	1	
L_/ \ \	A 1 11 71A	•	
ARTICLE IV S.			
The number of shares	of stock is: 1000		
		NE BORODO	
Name and Title	NITIAL OFFICERS AND/OR I		
Address:	· 	Name and Title Address:	
Addiess.	SUNNY ISLES BEACH FL 33160	Address.	
			
Name and Title			
Address:		Address: _	
			······································
Name and Title	<u>:_</u>	Name and Title:	
Address:			
		_ 	LYA TORCHINSKY
ARTICLE VI R	EGISTERED AGENT		
	la street address (P.O. Box NOT a	ccentable) of the registered agen	t is:
Name:	ILYA TORCHINSKY	are pulses, are and regional and angent	
Address:	17100 COLLINS AVE, STE 217		
	SUNNY ISLES BEACH FL 33160		
4 D # 10 C 10 C 11 C 11	ICODDOD 4 TOD		
	VCORPORATOR		
Name:	ss of the Incorporator is:		
Address:	17100 COLLINS AVE STE 217		
	SUNNY ISLES BEACH FL 33160		
	as registered agent to accept servio Amiliar with and accept the appoin		ed corporation at the place designated in gree to act in this capacity
		2/7/12	
Required	Signature/Registered Agent	Date	
// Required	olghature/Registered Agent	Date	
			hat any false information submitted in a
	rtment of State constitutes a third		
	77	0=110	
		2/7/12	
Required	Signature/Incorporator	Date	