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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

APPLICATION OF THE PROPERTY OF

T. CLINE

APR 1 2 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | , |
|---|---|
| SUBJECT: A Vin Gro | |
| Name of | Resulting Florida Profit Corporation |
| | Articles of Incorporation, and fees are submitted to convert an rofit Corporation" in accordance with s. 607.1115, F.S. |
| Please return all correspondence concerni | ing this matter to: |
| Edward N. Rafail Contact Person | ovitc |
| Alvin Group Inc. | |
| 20423 State Road Address | 7, suite F6-125 |
| BOCA Raton, FC City, State and Zip Code | SSE II |
| For further information concerning this m | atter, please call: |
| Edylard N. Rufailovit Name of Contact Person | 4 at (954) 818-9420 Area Code and Daytime Telephone Number |
| Enclosed is a check for the following amo | ount: |
| \$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

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: |
|---|
| Enter Name of Other Business Entity |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a <u>Limited Liability Company</u> (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 |
| on March 1, 2012 |
| 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: |
| which it is now organized, formed or incorporated: N/A 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: Alvin Group 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 5th day of APC! | , 20 12. | | | |
| Required Signature for Florida Profit Corporate Individual signing affirms that the facts stated in the a third degree felony as provided for in s.817.155, in the state of th | is document are true. Any false inform | nation co | nstitut | es |
| Signature of Chairman, Vice Chairman Frector, Coselected, an Incorporator: Printed Name: Edward N. 1704a.108th.Title: | Officer, or, if Directors or Officers have | e not bed | en | |
| Required Signature(s) on behalf of Other Business stated in this document are true. Any false information s.817.155, F.S. [See below for required signature(s).] | tion constitutes a third degree felony a | e) that the s provide | e facts ed for | in |
| Signature: Printed Name: Edward N. Rafellou't | _ Title: <u>President</u> | - | | |
| Signature:Printed Name: | Title: | - - | | |
| Signature: Printed Name: | _ Title: | - | | |
| Signature:Printed Name: | Title: | - - | | |
| Signature:Printed Name: | Title: | - | | |
| Signature:Printed Name: | Title: | SEC | 2812 | |
| If Florida General Partnership or Limited Liabilit Signature of one General Partner. | y Partnership: | RETAR) | 1 | mosts mosts |
| If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners. | y Limited Partnership: | OF STA | 2 2 | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative | | RIDA | 8 | |
| 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)

| The name of the corp | NAME poration shall be: ALVIN | GROUP INC | . |
|---|--|---|---------------------------------------|
| 2047 5014 300 | PRINCIPAL OFFICE Principal street address 23 State Road 7 PRINCIPAL OFFICE Principal street address Control of the street ad | Mailing add | ress, if different is: |
| _ ` ` | ch the corporation is organized is: | | |
| ARTICLE IV S The number of share | | | |
| | MITIAL OFFICERS AND/OR DIRECT E Edward N. Rafa: 10VI+(1 20423 State Road / #F6-125 BOCA Raton, FL 334 | Name and Title: Address: | |
| Name and Title Address: | e: | Name and Title: | |
| Name and Title Address: | e: | Address: | 2012 POR 1 |
| | EGISTERED AGENT da street address (P.O. Box NOT acceptable ECYVACO N. 12 of 2:09: 20423 State Road 7 BOCA RATON, FC 334 | 4C 4F6-125 | ANII: 40 OF STATE E. FLORIDA |
| ARTICLE VII I. The name and address: Address: | NCORPORATOR ESS of the Incorporator is: Edvard N. Rofailoy, 20423 State Road 7 BOCA RAYON, FL33 | +C +F6-125 | |
| this certificate, I am | as registered agent to accept service of profamiliar with and accept the appointment as | | |
| I submit this docum | ent and affirm that the facts stated herein artificial of State constitutes a third degree for grant of State constitutes a third degree for grant of State constitutes a third degree for grant or grant | Date are true. I am aware that any fal | se information submitted in a F.S. |