| (Requestor's Name) | | | |
|--|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) L12-70313 (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| A. LUNT | | | |
| NOV -1 2012 | | | |
| EXAMINER | | | |

· Office Use Only



800241224368

10/29/12--01013--015 **105.00

COVER LETTER

| TO: | Registration S Division of C | | | | |
|---------------|---------------------------------|---|---|---------------|-------------|
| SUBJ | ECT: MARV | OL JPS, INC. | | _ | |
| | • | Name of R | Resulting Florida Profit Corporation | _ | |
| | | | ticles of Incorporation, and fees are submitted of the Corporation" in accordance with s. 607.11 | | ert an |
| Please | return all corr | espondence concernin | g this matter to: | | |
| MAR | TTI KALKAS | | | | |
| | | Contact Person | | . | 8 5. |
| KALI | KAS BUSIN | IESS SERVICES | | 350x | 12 OCT 29 |
| | | Firm/Company | | | CT : |
| 245 9 | SE 1ST ST. ST | E 225 | | | |
| | • | Address | | | SŽ. |
| MIAN | 1I, FL 33131 | | | PER | PH 年 01 |
| | C | City, State and Zip Code | | | |
| MJK. | ALKAS@BE | LLSOUTH.NET | | | |
| Е | -mail address: (to | be used for future annual r | report notification) | | |
| For fu | rther informati | on concerning this ma | tter, please call: | | |
| MA | arti Ka | OLKAS | at (305) 577-9716 | | |
| | Name of Con | ntact Person | Area Code and Daytime Telephone Number | _ | |
| Enclo | sed is a check f | for the following amou | int: | | |
| I \$10 | 5.00 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 | | |
| | ET ADDRES | <u>S:</u> | MAILING ADDRESS: | | |
| _ | tration Section | | Registration Section | | |
| | on of Corporat n Building | ions | Division of Corporations P. O. Box 6327 | | |
| | n Building Executive Cent | er Circle | Tallahassee, FL 32314 | | |
| | assee, FL 323 | | | | |

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:

conversion.

currently organized, formed or incorporated.

MARVOL JPS, LLC 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 MAY 24 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: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: MARVOL JPS, 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.)

Page 1 of 2

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is

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

| Signed this 22ND day of OCTOBER | , 20_12 | | | |
|--|--|-----------|----------|--------------------|
| Required Signature for Florida Profit Corporation 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 inform | ation c | onstitu | tes |
| Signature of Chairman, Vice Chairman, Director, O selected, an Incorporator: Printed Name: PEDRO DE MELLO Title: 1 | | e not be | een | |
| 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).] | ion constitutes a third degree felony as | | | |
| Signature | | _ | | |
| Printed Name: PEDRO DE MELLO Signature: MARTTI KALKAS | Title: MEMBER | | | |
| Signatura: () with . | | 国語 | T30 ZIET | |
| Printed Name: MARTTI KALKAS | Title: AUTHORIZED REPRESENTATIVE OF MARIO VOLEZON | 7 C | 2 Q | 343**** 344 |
| | | 选品 | CT | 3 |
| Signature:Printed Name: | m. I | | 29 | - |
| Printed Name: | | ريق إسرا | -0 | 17 |
| Signature: | | | PH - | Lumed t |
| Signature:Printed Name: | Title: | 물물 | - ST | الموروب |
| | | हें । इंट | 0 | |
| Signature: | | - | | |
| Printed Name: | Title: | • | | |
| C' | | | | |
| Signature:Printed Name: | Title | - | | |
| rimed Name. | Title. | = | | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | y Partnership: | | | |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | y Limited Partnership: | | | |
| 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)

| ne mane or me corp | poration shall be: MARVO | L JPS, INC. | |
|---|---|---|---|
| RTICLE II | PRINCIPAL OFFICE | | 11 10 100 |
| 245 65 46 | Principal <u>street</u> address ST STREET, SUITE 329 | Mailing ad SAME AS PRINCIPAL | Idress, if different is: |
| 245 SE 18 | | SAME AS PRINCIPAL | ADDRESS |
| WIIAWII, I L S | 3131 | - | |
| | 1 | | |
| RTICLE III P | | | |
| he purpose for wh | ich the corporation is organized is: | | |
| | AND ALL L | | JSINESS |
| | ONE THOUSAND | , | |
| | INITIAL OFFICERS AND/OR DIR. e: PEDRO H CORREA DE MELLO, PRESIDENT | | |
| Address: | 54 NW 107TH STREET | Address: | |
| 2 taa: 035. | MIAMI SHORES, FL 33168 | | > 10 K |
| | | | 12 |
| | | | |
| | le: | Name and Title: | |
| Address: | | Address: | %≥ 20 ¥0 00 |
| | | | |
| | | | |
| Name and Tit | le: | Name and Title: | ET DI TO PER |
| Address: | | Address: | |
| | | | On 0 |
| | | | |
| ARTICLE VI | DECISTEDED ACESE | | |
| | REGISTERED AGENT ida street address (P.O. Box NO T accep | ntable) of the registered agent is: | |
| Name: | MARTTI KALKAS | publicy of the registered agent is. | |
| Address: | 245 SE 1ST ST. STE 225 | | |
| 710010331 | MIAMI, FL 33131 | | |
| | | | |
| | <u>INCORPORATOR</u> | | |
| he name and add: | ress of the Incorporator is: | | |
| • | · | | |
| Name: | PEDRO H CORREA DE MELLO | | |
| • | 64 NW 107TH STREET | | |
| Name: | | | |
| Name: Address: laving been named | 64 NW 107TH STREET | ent as registered agent and agree to a | |
| Name: Address: Address: Idving been named his certificate, I am | 64 NW 107TH STREET MIAMI SHORES, FL 33168 If as registered agent to accept service of familiar solid and accept the appointment | ent as registered agent and agree to a | |
| Name: Address: Idving been named his certificate, I am | 54 NW 107TH STREET MIAMI SHORES, FL 33168 d as registered agent to accept service of | ent as registered agent and agree to a | |
| Name: Address: laving been named his certificate, I am Requir submit this docum | 64 NW 107TH STREET MIAMI SHORES, FL 33168 If as registered agent to accept service of familiar solid and accept the appointment | 2nt as registered agent and agree to a 10/22/2012 Date Prein are true. I am aware that any j | ct in this capacity false information submitted in |
| Name: Address: laving been named his certificate, I am Requir submit this docum | 54 NW 107TH STREET MIAMI SHORES, FL 33168 If as registered agent to accept service of familiar with and accept the appointment of Signature/Registered Agent The stated here is a stated here is a stated here. | 2nt as registered agent and agree to a 10/22/2012 Date Prein are true. I am aware that any j | ct in this capacity false information submitted in 5, F.S. |