P12000094311

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2012

ROBERT J. SLOTKIN ROBERT J. SLOTKIN, PA 633 SOUTH ANDREWS AVENUE, SUITE 200 FORT LAUDERDALE, FL 33301

SUBJECT: RONES, INC. Ref. Number: W12000053101

We have received your document for RONES, INC. 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner Senior Section Administrator

Letter Number: 112A00025548

COVER LETTER

- TO: Registration Section Division of Corpora			
SUBJECT: Rones, Inc.			
	Name of Resulting Florida Pro	ofit Corporation	
		oration, and fees are submitted to convert and in accordance with s. 607.1115, F.S.	
Please return all correspond	ence concerning this matter to:		
Robert J. Slotkin			
Cont	act Person		
Robert J. Slotkin, PA			
. Firm	/Company	-	
633 South Andrews Avenue	ue, Suite 200		
	ddress	-	
Fort Lauderdale, FL 333	301		
	e and Zip Code	-	
robslotkin@aol.com			
E-mail address: (to be used	for future annual report notification)		
For further information con-	cerning this matter, please call:		
Robert J. Slotkin	at (<u>954</u>) 564-6999	
Name of Contact Pers	son Area Code an	d Daytime Telephone Number	
Enclosed is a check for the	following amount:		
	3.75 Filing Fees		
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations	-	Registration Section Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circ Tallahassee, FL 32301		assee, FL 32314	

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

FILED

12 NOV 14 AN 8:56

SECRETARY OF STATE TALLARASSEE, PLORIDA

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:
Rones, 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 11/21/2011 .
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:
N/A
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Rones, 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 thisday ofOCTOBER_	, 20 12 .
Required Signature for Florida Profit Corporat Individual signing affirms that the facts stated in th a third degree felony as provided for in s.817.155, I	is document are true. Any false information constitutes
Signature of Chairman, Vice Chairman, Director, C selected, an Incorporator:	<u> </u>
Printed Name: Enrico Barone Title:	Incorporator
	s Entity: Individual(s) signing affirm(s) that the facts tion constitutes a third degree felony as provided for in
Printed Name: Enrico Barone	Title: MGRM
	-
Signature:	Title.
Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	T'.1
rinted Name:	_ Title:
Signature:	
Printed Name:	Title:
	
Signature:	T'Al.
Printed Name:	_ little:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> 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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

ARTICLE I		20
The hame of the con	rporation shall be: Rones, I	ric.
ARTICLE II	PRINCIPAL OFFICE	NA. 111 13 16. 31.00
5632 W 9	Principal <u>street</u> address Sample Road	Mailing address, if different is:
Margate, Fr		
	2 00010	
The purpose for wh	PURPOSE hich the corporation is organized is:	
The purpose for wi	nen me corporation is organized is.	
Λ	, 10, 15, 11 I	
An	/ IAWIIII I	business
נייי ״		5 4 5 11 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	SHARES	
The number of shar	es of stock is:	
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Ti		Name and Title: President
Address:	5391 NW 106 Drive	Address:
	Coral Springs, FL 33076	
		
Name and Ti	tle: Luisa Barone	Name and Title: Secretary
Address:	5391 NW 106 DR	Address:
	Coral Springs, Ft. 33076	
		
Name and Tit	tle:	Name and Title:
Address:		
ARTICLE VI	REGISTERED AGENT	
	rida street address (P.O. Box NOT accep	otable) of the registered agent is:
Name:	Enrico Barone	
Address:	5632 W Sample Road	
	Margate, FL 33073	
ARTICLE VII	INCORPORATOR	
	ress of the Incorporator-is:	
Name:	Enrico Barone	<u> </u>
Address:	5391 NW 106 day	il .
	cural springs, fi	ط <u>ا 330</u>
Having been name	ed as registered agent to accept service of	f process for the above stated corporation at the place designated in
this certificate, I an	n familiar with and accept the appointmen	nt as registered agent and agree to act in this capacity
\circ		40 10
Crwo	Banone	
Requi	red Signature/Registered Agent	Date
I submit this door	mont and offices that the feets stated be-	rain and true I am aware that any folio information automitted in -
		rein are true. I am aware that any false information submitted in a ree felony as provided for in s.817.155, F.S.
	, and the constitutes a unit a tiegr	ee joining an province for his mod (1200) 1 (0).
(Musical)) Walling	10-5-17
Require	ed Signature/Incorporator	Date