

P12 000049562

(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



800241172798

11/16/12--01028--003 **92.50

10/29/12--01016--002 **30.00

2012 DEC -5 AM 9:00
SEC. OF TREASURY
TALLAHASSEE, FLORIDA

T. CLINE

DEC - 6 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2012

JOSHUA ROHE
2261 N.E. 191 STREET
MIAMI, FL 33180

SUBJECT: AVISTA SHOW CONCEPTS LLC
Ref. Number: L09000123297

We have received your document for AVISTA SHOW CONCEPTS LLC and check(s) totaling \$30.00 of which \$30.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$75.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline
Regulatory Specialist II

Letter Number: 112A00026505

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA
2012 DEC -5 AM 9:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

JOSHUA ROHE
2261 N.E. 191 STREET
MIAMI, FL 33180

SUBJECT: AVISTA SHOW CONCEPTS LLC
Ref. Number: L09000123297

We have received your document for AVISTA SHOW CONCEPTS LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The number of shares can not be zero.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline
Regulatory Specialist II

Letter Number: 912A00027868

2012 DEC -5 AM 9:00
DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVISTA SHOW CONCEPTS, Inc
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

JOSHUA ROHE

Contact Person

AVISTA SHOW CONCEPTS

Firm/Company

2261 N.E. 191 STREET

Address

MIAMI, FL 33180

City, State and Zip Code

joshrohe@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA ROHE

Name of Contact Person

at (305) 989-9460

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

122.50

- 30.00

\$92.50

ENCLOSED

RECEIVED
TALLAHASSEE, FLORIDA

DEC - 5 AM 9:00

FILED

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:

AVISTA SHOW CONCEPTS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 1/1/10
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**:

AVISTA SHOW CONCEPTS

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 8 day of NOVEMBER, 20 12.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: JOSHUA ROHE Title: OWNER

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: JOSHUA ROHE
Printed Name: [Signature] Title: OWNER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

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)

2012 DEC -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AVISTA SHOW CONCEPTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2261 N.E. 191 STREET
MIAMI, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSHUA ROWE

Address: 2559 SW 73RD TERRACE
DAVIE, FL 33317

Name and Title:

Address:

Name and Title: MAURICIO QUIROGA

Address: 701 SW 6TH STREET
HALLANDALE, FL 33009

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSHUA ROWE

Address: 2559 SW 73RD TERRACE
DAVIE, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSHUA ROWE


Address: 2559 SW 73RD TERR
DAVIE, FL 33317

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

11/8/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

11/8/12
Date