P13000019636

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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POLITICIENCY OF LITTERS

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WISHIN OF CORPORATIONS

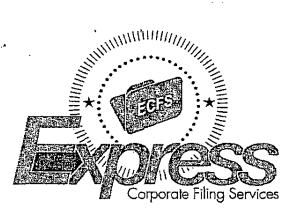
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1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

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Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

. Invalue	113000018783
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document#)
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
V Other CONVERTION	Merger
LLC - Inc.	
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement

Trademark

Other



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2013

EXPRESS

WALK-IN

SUBJECT: AHAVA CORPORATION

Ref. Number: W13000011341

TIS FEB 28 AM 8: ILL
SECRETARY OF STATE
THE S

We have received your document for AHAVA CORPORATION and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in both the Certificate of Conversion and Articles of Incorporation is not distinguishable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 413A00004546

13 FEB 28 AM ID: 3

www.sunbiz.org

Certificate of Conversion For "Other Business Entity" Into

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to a submitted to conversion is:

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate

of Conversion is:	
INSA LLC	L13000018783
Enter Name	of Other Business Entity
2. The "Other Business Entity" is a LIN	MITED LIABILITY COMPANY
(Enter entity type. Example: li	imited liability company, limited partnership, common law or business trust, etc.)
first organized, formed or incorporated u	nder the laws of FLORIDA
(Enter state, or if a non-	-U.S. entity, the name of the country)
on 02/06/2013	
	y" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Busine the laws of which it is now organized, for	ess Entity" was changed, the state or country under rmed or incorporated:
Incorporation:	ration as set forth in the attached Articles of
AHAVA 2 CORPORA	TION
Enter Name o	f Florida Profit Corporation
5. If not effective on the date of filing, en	nter the effective date:
	to nor more than 90 days after the date this
•	tment 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.)

Signed this 22day of FEBRUARY	, 20 <u>13</u> .	·	
Required Signature for Florida Profit Con	poration:		
Signature of Chairman, Vice Chairman, Dire been selected, an Incorporator:	ector, Officer, or, if Directors or O	F C T	n
Printed Name: TIM SUAZO	Title: INCORPORATOR		r P
Fillied Name, Tim OUAZO	THE MOON CIATOR		သွ
Required Signature(s) on behalf of Other B	usiness Entity: [See below for req	uired 2	-
signature(s).]			圣
Signature: mpamm		C	~ ⇔
Signature: Printed Name: TIM SUAZO	Title: MGR	- 3 #	£-
Signature:			
Signature: Printed Name:	Title:		
Signature: Printed Name:	Title		
Timed Name.	ritte.		
Signature:			
Signature: Printed Name:	Title:		
Signature: Printed Name:	Tisla		
Printed Name:	Title:		
Signature:			
Signature: Printed Name:	Title:		
If Florida General Partnership or Limited I	Liability Partnership:		
Signature of one General Partner.			
If Florida Limited Partnership or Limited I	ighility I imited Partnership		
Signatures of <u>ALL</u> General Partners.	Liaumity Limited I atthersmp.		
organistes of train ordinate the moto.			
If Florida Limited Liability Company:			
Signature of a Member or Authorized Represe	ntative.		

Page 2 of 2

All others:
Signature of an authorized person.

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

The name of the corporation shall be: AHAVA 2 CORPORATION		
	E II PRINCIPAL OFFICE pal place of business/mailing address is: Principal street address	Mailing address, if different is:
18851	NE 29TH AVE STE:104A	18851 NE 29TH AVE STE:1044 🕏
	NTURA, FL 33180	AVENTURA, FL 33 80 5
	E III PURPOSE see for which the corporation is organized is: AND ALL LAWFUL	
APTICI	FIV SHAPES 400	
The number	E IV SHARES er of shares of stock is:	
ARTICLI	(D/D) SAMI SHEEDO KAMHAZI	/T/D) INIEC MILLICA DIAZ
Name and	18851 NE 29TH AVE STE:104A	18851 NE 20TH Δ\/E STE-10//Δ
Address:	AVENTURA, FL 33180	Address: AVENTURA, FL 33180
Name and	Title:	Name and Title:
Address:		Address:
Name and	Title:	Name and Title:
Address:		Address:
	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:
Name: Address:	18851 NE 29TH AVE STE:104A	
Address.	AVENTURA, FL 33180	

ARTICLI The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	TIM SUAZO	₩.co
	18851 NE 29TH AVE STE: 104A	SECOND TO THE SE
	MIAMI, FL 33180	B 28 HASS
********* Having be	**************************************	service of process for the above stated corporation the place
designated capacity	in this certificate, I am familiar with ani	l accept the appointment as registered agent and agent acent this
m	Brance	2/22/13
	Required Signature/Registered Agent	Date
I submit to	his document and affirm that the facts in a document to the Department of State	stated herein are true. I am aware that any false information constitutes a third degree felony as provided for in s.817.155, F.S.
~~~~	m Emmo	2/22/13
	Required Signature/Incorporator	Date

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