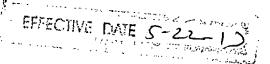
# P1300050180

(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:	İ
CORRECT OGLE CALL FLAR OF CONVEY  DATE PROPERTY OF THE PROPERT	rear

Office Use Only



300247581763



05/07/13--01024--019 \*\*122.50

13 MAY 20 DM 2: 07



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2013

LEONARD J VALDES 8660 W FLAGLER ST, SUITE 206 MIAMI, FL 33144

SUBJECT: LEONARD J. VALDES, P.A.

Ref. Number: W13000027225

RECEIVED

13 MAY 20 PM 3: 02

JILLISION OF COLEOFALIONS

We have received your document for LEONARD J. VALDES, P.A. 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 effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 413A00011364

## **COVER LETTER**

TO: Charter Section

Tallahassee, FL 32301

Division of Co	rporations		
<sub>subject:</sub> Leona	ard J. Valde	s, P.A.	,
SUBJECT.		g Florida Profit Corpo	oration
			tion, and fees are submitted to poration" in accordance with s.
Please return all corres	spondence concerning	this matter to:	
Leonard J. \	/aldes		
	Contact Person		
	Firm/Company		
8660 W Flag	gler Street S	Suite 206	
	Address		
Miami, FL 3	3144		
Cit	y, State and Zip Code		
lvaldes@va	ldeslaw.com	1	
	e used for future annual re		
For further informatio	n concerning this mat	_	
Leonard J. \	/aldes	at (305)	567-0910
Name of Conta	nct Person	Area Code and	Daytime Telephone Number
Enclosed is a check for	r the following amou	nt:	
□ \$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing F and Certified Copy	
STREET ADDRESS Charter Section Division of Corporation Clifton Building	-	Charter S	of Corporations
2661 Executive Cente	r Circle	Tallahas	see, FL 32314

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

# 13 MAY 20 PM 3: 06

# 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:

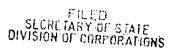
# Valdes Law Group LLC Enter Name of Other Business Entity 2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) on 31113 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: Leonard J. Valdes, P.A.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: May 22, 2013 (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.)

PM 3: 06

Signed this 14 day of May	
Required Signature for Florida Profit Corporati	<u>1011.</u>
Signature of Chairman, Vice Chairman, Director	Afficer, or, if Directors or Officers have not
been selected, an Incorporator:	<u> </u>
been selected, an Incorporator:  Printed Name: Leonard J. Valdes  Title:	President
Required Signature(s) on behalf of Other Business	Futity: [See below for required
signature(s).]	(200 000 00 00 10 quant
Signatura	
Signature:	Title: MGRM
Trinica (vanie	
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 Liabilit	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit	v 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.	
organiture 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 MAY 20 PM 3: 06

The name of the corporation shall be: Leonard J.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is
B660 West Flagler Street, Suite 206	<del></del>
Miami, FL 33144	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  Law Firm	
,	
ARTICLE IV SHARES The number of shares of stock is: 10,000	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
ARTICLE V INITIAL OFFICERS AND/OR DID Name and Title: Leonard J. Valdes, President	RECTORS  Name and Title:
Name and Title:  Address:  INITIAL OFFICERS AND/OR DITERIOR AND	Name and Title:
Name and Title:    Leonard J. Valdes, President	Name and Title:  Address:
Name and Title:    Leonard J. Valdes, President	Name and Title:  Address:  Name and Title:  Address:
ARTICLE V INITIAL OFFICERS AND/OR DID Name and Title:  Address:    Leonard J. Valdes, President	Name and Title:  Address:  Name and Title:
Name and Title:  Address:    Leonard J. Valdes, President	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAY 20 PM 3: 06

# ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Name:

Leonard J. Valdes

Address:

8660 West Flagler Street, Suite 206

Miami FI 33144

Wildrin, I L 33144	
* Effective date - May	
Having been named as registered agent to accept service of production designated in this certificate, I am familiar with and accept the appearance to	
	May 14, 2013
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein a submitted in a document to the Department of State constitutes a th	
	May 14, 2013
Required Signature/Incorporator	Date