

P/3000050866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

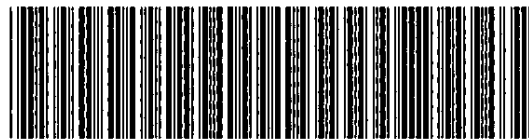
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

REMOVED "EFF. DATE OF
CONVERSION; ADDED "NUM
OF SHARES" PER TELEPHONE
CONVERSATION WITH
MIKE ROSEN.

K 06/12/13

Office Use Only



100248686881

100248686881
06/10/13--01028--012 **122.50

FILED
13 JUN 10 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/12/13

► Mail

6/7/2013

From: Michael Rosen
Phone: 561 716 3703
Fax: 561 409 2478
Company Name: MIKE ROSEN ENTERPRISES LLC.

To: FLORIDA DEPARTMENT OF STATE – DIVISION OF CORPORATIONS
Phone: 850 245 6052
Company Name: FLORIDA DEPARTMENT OF STATE

Comments:

Return Address:

20981 WINDEMERE LANE
BOCA RATON, FL 33428

EMAIL:

MICHAELROSEN24@GMAIL.COM

NOTES:

Turning my LLC (MIKE ROSEN ENTERPRISES LLC.) into an S-Corp (MIKE ROSEN ENTERPRISES INC.).

Included is a \$122.50 check made payable to the Florida Department of State,

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: MIKE ROSEN ENTERPRISES LLC

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:

MICHAEL ROSEN

Contact Person

MIKE ROSEN ENTERPRISES LLC

Firm/Company

20981 WINDEMERE LANE

Address

BOCA RATON, FL 33428

City, State and Zip Code

MICHAELROSEN24@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL ROSEN

Name of Contact Person

at (561) 7163703

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:

Charter Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Charter Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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:

MIKE ROSEN ENTERPRISES LLC (L12-29836)
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 **03/01/2012**
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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

MIKE ROSEN ENTERPRISES 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.)

Signed this 7TH day of JUNE, 2013.

Required Signature for Florida Profit Corporation:

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

Printed Name: MICHAEL ROSEN Title: PRESIDENT/CEO

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Michael Rosen

Printed Name: MICHAEL ROSEN Title: PRESIDENT/CEO

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)

FILED
13 JUN 10 PM 12:07
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: MIKE ROSEN ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

20981 WINDEMERE LANE

BOCA RATON, FL 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAX PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL ROSEN PRESIDENT/CEO

Name and Title: _____

Address: 20981 WINDEMERE LANE
BOCA RATON, FL 33428

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MICHAEL ROSEN

Address: 20981 WINDEMERE LANE
BOCA RATON, FL 33428

RECEIVED
JUN 10 11 00 AM '07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MICHAEL ROSEN
Address: 20981 WINDEMERE LANE
BOCA RATON, FL 33428

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

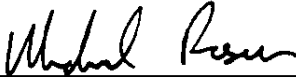


Required Signature/Registered Agent

06/7/2013

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

06/7/2013

Date

FILED
13 JUN 10 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA