

P/3000051748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

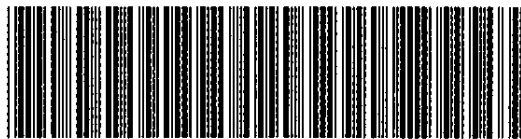
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEC. OF STATE
TALLAHASSEE, FLORIDA

R 06/14/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: INDEPENDANT CONSULTANT SERVICE AND SUPPLY, 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:

CARLOS J LUGARDO

Contact Person

INDEPENDANT CONSULTANT SERVICE AND SUPPLY, LLC

Firm/Company

14752 SW 90 TERRACE

Address

MIAMI, FL 33196

City, State and Zip Code

LALOUGARTE@AOL.COM

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

For further information concerning this matter, please call:

EDUARDO UGARTE at **(305) 898-3061**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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: (LL-96796)

INDEPENDANT CONSULTANT SERVICE AND SUPPLY, 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 **STATE OF FLORIDA**
(Enter state, or if a non-U.S. entity, the name of the country)

on **AUGUST 23, 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 **attached Articles of Incorporation:**


INDEPENDANT CONSULTANT SERVICE AND SUPPLY, 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 08 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: 

Printed Name: CARLOS J LUGARDO Title: PRESIDENT

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

Signature: 

Printed Name: CARLOS J LUGARDO Title: MGRM

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)

RECORDED & INDEXED
JUN 13 2013
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: INDEPENDANT CONSULTANT SERVICE AND SUPPLY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

14752 SW 90 TERRACE

MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF CONSULTING SERVICE AND
ANY OTHER LAWFUL BUSINESS ALLOWED IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT\$ 1.00 EACH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS J LUGARDO-PRESIDENT

Name and Title: _____

Address: 14752 SW 90 TERRACE

Address: _____

MIAMI, FL 33196

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: CARLOS J LUGARDO

Address: 14752 SW 90 TERRACE

MIAMI, FL 33196

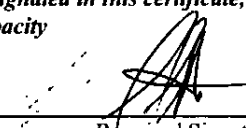
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR


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

Name: CARLOS J LUGARDO
Address: 14752 SW 90 TERRACE
MIAMI, FL 33196

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

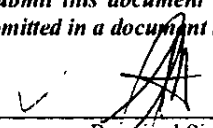


Required Signature/Registered Agent


 06/10/13

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

 06/10/13

Date

2013 JUN 13 PM 2:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA