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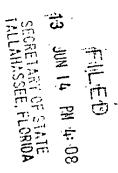
(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

TO:	Charter Section Division of C				
SUBJ	TECT:	Perel ro Name of Resultin	u Enter	prise	Inc
		Name of Resultin	g Florida Profit Com	poration	
conve		ate of Conversion, Art siness Entity" into a "			
Please	e return all corre	espondence concerning	this matter to:		
	Robert	Pereira Contact Person			
		Contact Person			
	Pereira	Enterprise 1 Firm/Company	nc		
		milia Dr.			
		Address	٠,		
		FL 34667	•	· ·	
	C	ity, State and Zip Code			
	E-mail address: (to	be used for future annual re	eport notification)		
For fi	irther information	on concerning this mat	ter, please call:		
^		_	-	· 857-78	47
	Name of Con	that Person	Area Code and	Daytime Teleph	one Number
Enclo	sed is a check f	or the following amou	nt:		
\$ \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop.	y Certified	50 Filing Fees, Copy, and te of Status
Chart Divis Clifto 2661	er Section ion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	Charter Division P. O. B	NG ADDREST Section of Corporation ox 6327 ssee, FL 3231	ons



RECEIVED

13 JUN 14 AM 10: 25

DEPARTMENT OF STATE
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Division of Corporations

May 21, 2013

ROBERT PEREIRA PEREIRA ENTERPRISE INC 9629 AMILIA DR. HUDSON, FL 34667

SUBJECT: PEREIRA ENTERPRISE INC

Ref. Number: W13000029464

We have received your document for PEREIRA ENTERPRISE INC and your check(s) totaling \$105.00. 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 available since it is the same as, or it is not distinguishable from the name of an administrative dissolved entity. Names of administrative dissolved entities are not available for one year from the date of administrative dissolution. Simply adding "of Florida" or "Florida" to the end of the name is not acceptable.

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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 113A00012617

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

FILED

13 JUN 14 PM 4: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:
Pereira Enterprise LLC 206000076
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 08/02/2006
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 <u>attached Articles of Incorporation</u> : R. Peverra Enterprise 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; <u>AND</u> 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 14 day of May.	, 20 <u>/3</u>	<u> </u>	FILE	ED
Required Signature for Florida Profit Corporation	<u>n:</u>	13	JUN 14	PH 4: 08
Signature of Chairman, Vice Chairman, Director, Off been selected, an Incorporator: Printed Name: Robert PereiraTitle: F	ficer, or, if Directors or O	ffgggr TALL	REAVE NOT BEZZAHA	FISTATE, FLORIDA
Required Signature(s) on hehalf of Other Business Esignature(s).] Signature:				
Signature: / Printed Name: Robert Pereira	Title: Menages			
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 Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees for Florida Articles of Incorporation: Certified Copy:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			

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

FILED

4:08

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	SECRETARY OF TALLAHASSEE,
Principal street address	Mailing address, if different is:
9629 Amilia Dr.	19008 Pake Rd.
Hudson FL 34467	Brooksville FC 34614
ARTICLE III PURPOSE The purpose for which the corporation is organized is: +9 x l S	·
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DI	
	Name and Title:
Address: 19008 Pake Rd Brooksville Fl 34614	Address:
Name and Title:	Name and Title:
Address:	Address:
Address: Name and Title:	
Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc	Name and Title: Address:
Name and Title: Address: ARTICLE VI REGISTERED AGENT	Name and Title: Address:

************** ove stated corporation at the place istered agent and agree to act in this
5-14-13
Date aware that any false information y as provided for in s.817.155, F.S. 5-14-13 Date
,

FILED

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