

PR3000073447

(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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13 SEP -3 AM 8:19
SECRETARY OF STATE
DIVISION OF CORPORATIONS

9/6
[Signature]

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: L.A.X. CONTRACTORS, 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:

FRANK MARTINEZ

Contact Person

FRANK MARTINEZ PA

Firm/Company

PO BOX 371303

Address

MIAMI, FLORIDA 33137

City, State and Zip Code

FRANK@MARTINEZPA.COM

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

For further information concerning this matter, please call:

FRANK MARTINEZ at **(407) 908-4075**

Name of Contact Person

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:

L.A.X. CONTRACTORS, LLC. L13000014734
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 **AUGUST 13, 2013**
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:**

L.A.X. CONTRACTORS, 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.)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
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Signed this 27 day of AUGUST, 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: ALEXANDER VEGA Title: PRESIDENT

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

Signature: _____
Printed Name: ALEXANDER VEGA Title: MGRM/DIRECTOR

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)

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

ARTICLE I NAME L.A.X. CONTRACTORS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address
L.A.X. CONTRACTORS INC
4233 SW 75 AVENUE
MIAMI, FLORIDA 33155

Mailing address, if different is:
L.A.X. CONTRACTORS INC
PO BOX 557702
MIAMI, FLORIDA 33255

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS. CONTRACTOR (GENERAL) CONSTRUCTION

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER VEGA, PRESIDENT
Address: 4233 SW 75 AVENUE
 MIAMI, FLORIDA 33155

Name and Title: ALEXANDER VEGA, SECRETARY
Address: 4233 SW 75 AVENUE
 MIAMI, FLORIDA 33155

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: FRANK MARTINEZ PA
Address: 4770 BISCAYNE BLVD, #900
 MIAMI, FLORIDA 33137

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DIVISION OF CORPORATIONS

ARTICLE VII. INCORPORATOR

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

Name: ALEXANDER VEGA
Address: 4233 SW 75 AVENUE
MIAMI, FLORIDA 33155

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

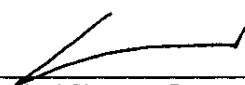


Required Signature/Registered Agent

8/27/13

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

8/27/13

Date

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DIVISION OF CORPORATIONS
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