

P13000079634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

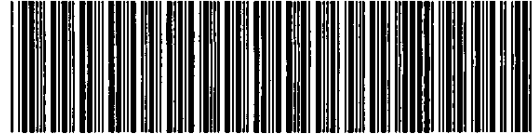
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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400249406584  
07/02/13--01004--023 \*\*105.00

13 SEP 25 PM 6:23  
DIVISION OF CORPORATIONS  
CLERK OF THE COURT

7/8

Q

W13-38512

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Best Packaging Solutions , 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:

Lesley Acosta

Contact Person

Best Packaging Solutions

Firm/Company

3701 NW 51 ST

Address

Miami, Florida 33142

City, State and Zip Code

bps.acosta@gmail.com

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

For further information concerning this matter, please call:

lesley acosta

Name of Contact Person

at ( 305 ) 633-9778

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$05.00 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2013

LESLEY ACOSTA  
3701 NW 51 ST  
MIAMI, FL 33142

SUBJECT: BEST PACKAGING SOLUTIONS, INC.  
Ref. Number: W13000038512

We have received your document for BEST PACKAGING SOLUTIONS, 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 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 113A00016651

RECEIVED  
13 SEP -6 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/25/13

CORPORATE DETAIL RECORD SCREEN

11:18 AM

NUMBER: W13000038512

REJECTED FILING

REJ: 07/08/2013

NAME : BEST PACKAGING SOLUTIONS, INC.

SUBMIT BY: LESLEY ACOSTA

ADDRESS : 3701 NW 51 ST  
MIAMI, FL 33142

USER ID : JAHICKMAN

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

RECEIVED  
13 SEP 25 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Best Packaging Solutions, LLC

L12000157383

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 December 14, 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:

n/a

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

Best Packaging Solutions, Inc.

Enter Name of Florida Profit Corporation

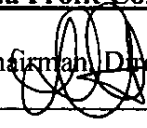
5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

13 SEP 25 PM 6:28

DEPT. OF STATE  
DIVISION OF CORPORATIONS

Signed this 3 day of September, 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: Lesley Acosta Title: President

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

Signature: 

Printed Name: Lesley Acosta Title: MMBR/Officer

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)

**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: Best Packaging Solutions, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

3701 NW 51 ST, Miami, Florida 33142

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Paper Box Manufacturing

**ARTICLE IV    SHARES** 100

The number of shares of stock is:

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lesley Acosta/Pres.

Name and Title: \_\_\_\_\_

Address: 3701 NW 51 ST

Address: \_\_\_\_\_

Miami, FL 33142

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: Lesley Acosta

Address: 3701 NW 51 ST

Miami, Florida 33142

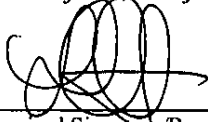
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lesley Acosta  
Address: 3701 NW 51 ST  
Miami, Florida 33142

\*\*\*\*\*

*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*

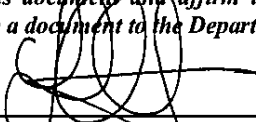


\_\_\_\_\_  
Required Signature/Registered Agent

09/03/2013

\_\_\_\_\_  
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

09/03/2013

\_\_\_\_\_  
Date

13 SEP 25 PM 6:23  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA