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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Du	Siliess Lility Ivai	ne)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 201

EMMANUELLAROCHE 9701 HAMMOCKS BLVD APT 202 MIAMI, FL 33196

SUBJECT: DEL TRADING INC Ref. Number: W13000050885



We have received your document for DEL TRADING 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.

Pamela Smith Regulatory Specialist II

Letter Number: 113A00021607

COVER LETTER

Division of	Corporations			
SUBJECT:	DEZ -	TRADING	INC	
		ting Florida Profit		
	ficate of Conversion, A Business Entity" into a			
Please return all con	rrespondence concerni	ng this matter	to:	
ETTA	VUEL Contact Person	LAROCHE		
	Contact Person			
	TRADING LLC Firm/Company			
	Firm/Company			
970/	HAMMO CHS Address	SLVB APT	<u> 2</u> 02	
MiAMi,	FL, 33/96 City, State and Zip Code			
E-mail address: (t	E 1015 78 @ o o be used for future annual	GMA/L. Co. Treport notification	nn)	
For further informa	tion concerning this m	atter, please ca	ıll:	
	LAROCHE	at (35%	2 356 - 2	8303
Name of Co	ontact Person	Area Cod	e and Daytime Teleph	one Number
Enclosed is a check	for the following amo	ount:		
\$105,00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 F and Certified	Copy Certified	50 Filing Fees, I Copy, and ite of Status
STREET ADDRE	<u>SS:</u>	<u>M</u> A	ALLING ADDRES	S <u>S:</u>
Charter Section			rter Section	
Division of Corpora	ations		ision of Corporatio	ons
Clifton Building 2661 Executive Cer	nter Circle		D. Box 6327 lahassee, FL 3231	4

Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Certificate of Conversion For

"Other Business Entity"

Into

Florida Profit Corporation

13 OCT 15 PM 1: 56

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:

DEL TRADING LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>LineTEA LIABILITY ConPANY</u> (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
on
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>
NEC TRADING 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.)

	FILED SECRETARY OF
Signed this <u>20</u> day of <u>AUGUST</u>	, 20 /3 alyision of corp
Required Signature for Florida Profit Corporat	ion: 13 OCT 15 PM
Signature of Chairman, Vice Chairman, Director, C	Officer, or, if Directors or Officers have not
been selected, an Incorporator:	we-
been selected, an Incorporator: Printed Name: EMTANUEL (AROCHE Title:	PRESIDENT
Required Signature(s) on behalf of Other Business signature(s).]	
Signature: Trolie Carpe	
Signature: hote Carpe Printed Name: FINANUEL CAROCHE	Title: MESIBENT.
Signature:	
Signature:	Title:
Signature:	
Signature:Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	
Printed Name:	_ Title:
Signature:	- <u> </u>
Printed Name:	_ Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit	y 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 \$8.75 (Ontional)
Certified Copy: Certificate of Status:	\$8.75 (Optional) \$8.75 (Optional)
	` .

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 5 PM 1 57

The name of the corporation shall be:			
	DEL	TRASING	INC
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
Principal street address			Mailing address, if different is:
9701 HAMMOCKS BLUD ATTA	BQ.		
MANI, FL, 33/96			
ARTICLE III PURPOSE	_		
The purpose for which the corporation is organized	is:		
		<u></u>	
			
ARTICLE IV SHARES	1 .	** *	
The number of shares of stock is:		<u> </u>	
ARTICLE V INITIAL OFFICERS AND/O	R DIRI	ECTORS	
Name and Title: ENHANUEL LAROCHE		Name and Title:	PRESIDENT
Address: <u>9701 HAMMOCKS BL</u>			APT 202
• • • • • • • • • • • • • • • • • • • •	-		711 · AQ &
Miani, FL, 33/36			
N. L. D. T.			
Name and Title:		Name and Title:	
		Name and Title: Address:	
Address:		Address:	
Address: Name and Title:		Address: Name and Title:	
Address: Name and Title:		Address:	
Address: Name and Title:		Address: Name and Title:	
Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT		Address: Name and Title: Address:	
Name and Title: Address:		Address: Name and Title: Address:	
Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT		Address: Name and Title: Address:	
Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO) Name: LINANUEL LIROCAE)T accep	Address: Name and Title: Address: table) of the register	
Address: Name and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT accep	Address: Name and Title: Address: table) of the register	

•		•
	CLE VII INCORPORATOR me and address of the Incorporator is:	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Name:	EMMANUEL LAROCHE	13 OCT 15 PM 1 57
Addres		1200112 14 1.0.
,	MIAMI, FL., 33/96	
	been named as registered agent to accept service of process for ted in this certificate, I am familiar with and accept the appointment	
	Regulated Signature/Regulatered Agent	8/2D/13 Date
	it this document and affirm that the facts stated herein are true	e. I am aware that any false information ree felony as provided for in s.817.155, F.S.
	ed in a document to the Department of State constitutes a third degi	