

P130000090868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

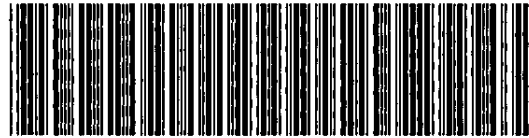
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500252281105

10/04/13--01033--026 \*\*113.75

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13 NOV -5 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
11/6/13

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** **SOS AFRICA 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:

**Michael Boyce**

Contact Person

**SOS AFRICA LLC**

Firm/Company

**1200 Miame Gardens Drive**

Address

**Miami, FL 33179**

City, State and Zip Code

**aapf@live.com**

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

For further information concerning this matter, please call:

**Michael Boyce**

Name of Contact Person

at **(786) 303-6001**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2013

MICHAEL BOYCE  
SOS AFRICA LLC  
1200 MIAMI GARDENS DRIVE  
MIAMI, FL 33179

SUBJECT: SOS AFRICA LLC  
Ref. Number: W13000055698

RECEIVED  
13 NOV -5 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SOS AFRICA LLC and your check(s) totaling \$113.75. 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 713A00023490

*Today's date*

To: Florida Department of State  
Division of Corporations

From: Michael Boyce  
1200 Miami Gardens Drive  
Miami, FL. 33179

FILED

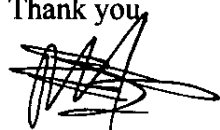
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SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

This letter is to inform you that as Registered Agent I hereby am familiar with and accept the duties and responsibilities that comes with this position.

Thank you,

A handwritten signature in black ink, appearing to be 'Michael Boyce', with a stylized, overlapping loop at the end.

Michael Boyce

**Certificate of Conversion**

For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

**SOS Africa LLC** L13000116396

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **LLC**  
(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 19, 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:

**United States**

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

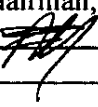
**SOS AFRICA INC**

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 1 day of October, 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: Michael Boyce Title: President

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TALLAHASSEE, FLORIDA

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

Signature: 

Printed Name: Michael Boyce Title: President

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)

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**ARTICLE I NAME**

The name of the corporation shall be: SOS AFRICA INC

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal street address

Mailing address, if different is:

1200 Miami Gardens Drive

PO Box 3362

Miami, Fl. 33179

Hallandale, Florida 33008

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Water distribution

**ARTICLE IV SHARES 800,000,000**

The number of shares of stock is:

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

Name and Title: Michael Boyce President Name and Title: \_\_\_\_\_

Address: 1200 Miami Gardens Drive Address: \_\_\_\_\_  
Miami, Fl. 33179

Name and Title: Emmit McHenry Treasurer Name and Title: \_\_\_\_\_

Address: 1200 Miami Gardens Drive Address: \_\_\_\_\_  
Miami, Fl. 33179

Name and Title: Martial Webster Secretary Name and Title: \_\_\_\_\_

Address: 1200 Miami Gardens Dr Address: \_\_\_\_\_  
Miami, Fl. 33179

**ARTICLE VI REGISTERED AGENT**

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

Name: Michael Boyce

Address: 1200 NE Miami Gardens Drive  
Miami Fl. 33179

**ARTICLE VII INCORPORATOR**

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

Name: Michael Boyce  
Address: 1200 Miami Gardens Dr.  
Miami, FL 33179

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

*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

10.29.2013  
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

10.29.2013  
Date