(Rec	questor's Name)			
(Add	lress)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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08/28/13--01010--001 \*\*105.00



September 3, 2013

ANNY GRAELL 100 KINGS POINT DRIVE, #709 SUNNY ISLES, FL 33160

SUBJECT: XENIT CORPORATION Ref. Number: W13000048665

We have received your document for XENIT CORPORATION and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the date on #2 of the Certificate of Conversion - see the attached printout.

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 be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 413A00020746

www.sunbiz.org

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### **COVER LETTER**

Division of C				
	- <del>-</del>	GROUP LLC		
SUBJECT:	·	ng Florida Profit Corporation	on .	
		-	, and fees are submitted to tion" in accordance with s.	
Please return all corre	espondence concernin	g this matter to:		
ANN	IY GRAELL			
	Contact Person	<del></del>		
XENI	T GROUP LL	.C		
	Firm/Company			
<b>6801 INDIAN</b>	N CREEK DR	#409		
	Address	<del>" </del>		
NORTH MIA	MI BEACH	33141		
C	ity, State and Zip Code			
mvozot	is@hotmail.c	om		
	be used for future annual r			
For further information	on concerning this ma	tter, please call:		
ANNY GR			9-6903	
Name of Cont	tact Person	Area Code and Dayti	me Telephone Number	
Enclosed is a check for	or the following amou	unt:		
■ \$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:		MAILING ADDRESS:		
Charter Section Division of Corporations		Charter Section Division of Corporations		
Clifton Building		P. O. Box 633	*	
2661 Executive Center		Tallahassee,		

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

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 accordance with s. 607.1115, Florida Statutes. 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:
XENIT GROUP LLC LISTODY 49
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_JANUARY 2013 - 25
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>
XENIT CORPORATION
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 22 day of AUGUST	, 20_13		
Required Signature for Florida Profit Corpora	tion:	: <b>ಪ</b>	
Signature of Chairman, Vice Chairman, Director, been selected, an Incorporator:  Printed Name: ANNY GRAELL Title:	Officer, or, if Directors or Officers have	e not	Private in the
Required Signature(s) on behalf of Other Business signature(s).]  Signature:	is Entity: [See below for required REST OF THE SECOND PROPERTY OF TH	; <u></u>	
Printed Name: ANNY GRAELL	Title: MEMBER	-	
Signature: <u>Alvaro Barsalla</u>		-	
Printed Name: ALVARO BARSALLO	Title: MEMBER	-	
Signature:Printed Name:	Title:	- -	
Signature:			
Signature:Printed Name:	Title:	•	
		•	
Signature:Printed Name:	Title:		
Signature:			
Printed Name:	Title:	<u>.</u>	
If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili			
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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$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)

ARTICL The name	E I NAME of the corporation shall be:	XENIT	CORPORAT	ION	A C	ಪ
ARTICL	•				AHASSE YESTAY	9- AON
	Principal street address			Mailing address, i	if different i	AH (
4333	SE COVE LAKE CIF	₹ #102			AIE ORID	55
STUA	RT FL 34997				, ,	
The purpo	E III PURPOSE  DIESE FOR Which the corporation is CALES, WHOLESALE, MARITIME CONSULTING,	_		ITH AMERICA, INTERNET SALES, 1	Traslation se	RVICES,
PURCHA	SING AGENT FOR BOAT PART	rs, auto f	PARTS, SMALL MOTO	OR EQUIPMENT FOR L	AWN SER	VICES
CLOTH	ES RETAIL SERVICES,	PURCHA	ASING CLOTHES	FROM FOREING	COUNT	RIES.
***************************************						
ARTICL: The number	E IV SHARES er of shares of stock is:		<del>*************************************</del>			<b></b>
ARTICL				ALVADO DA	DOALI	
Name and	Title: ANNY GRAELL			e: ALVARO BA		
Address:	6801 INDIAN CREEI		Address:	4333 SE COVE L		
	NORTH MIAMI BEA	ACH 331	41	STUART FL	34997	
Name and	Title:		Name and Titl	e:		<i>,</i> -
Address:			Address:	··· · · · · · · · · · · · · · · · · ·		
Name and	Title:		Name and Titl			
Address:				e:	<del></del>	
Address.		<del> </del>	Address:			
ARTICL		ENT			<u></u>	H <del>R. 18.1 </del>
	and Florida street address (P.O POLLY RYFKOGE		acceptable) of the reg	istered agent is:		
Name:		· · · · · · · · · · · · · · · · · · ·				
Address:	4333 SE COVE LAKE C					
	STUART FL 3499	1				

	· —	<del></del>	
•			
		De Contraction	<b>a</b>
ARTICLE	VII INCORPORATOR	·'	
The <u>name</u> :	and address of the Incorporator is:	A DATE	<b>3</b> (1)
Name:	POLLY RYFKOGEL		5
Address:	4333 SE COVE LAKE CIR #102	# 연합	
	STUART FL 34997	<u> </u>	ф С
		TATE	22
******	*********	********	
Having bea	en named as registered agent to accept se	ervice of process for the above stated corporation at the	place
	in this certificate, I am familiar with and ac	ccept the appointment as registered agent and agree to act i	n this
capacity	$\leq$ ( ) $\alpha$		
	William	8/24/2013	
	Required Signature/Registered Agent	Date	
I suhmit ti	his document and affirm that the facts st	ated herein are true. I am aware that any false inform	ation
		nstitutes a third degree felony as provided for in s.817.155,	
	Data /		
	14/19/1/2	8/24/2013	
	Required Signature/Incorporator	Date	