

P13000091510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

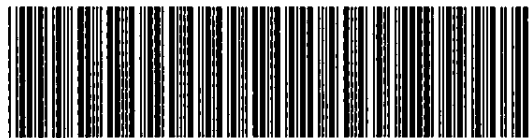
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/04/13--01028--001 **105.00

13 NOV - 7 AM 11:42

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11-8-13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: JUST THE BEST 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:

JUAN CARLOS ECHEVERRIA

Contact Person

ECHEVERRIA CALVO & ASSOCIATES

Firm/Company

7900 SW 57 AVE STE 12

Address

SOUTH MIAMI, FL 33143

City, State and Zip Code

JECHEVERRIA@ECHEVERRIACALVO.COM

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

For further information concerning this matter, please call:

JUAN CARLOS ECHEVERRIA at **(786) 718-1490**

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV -7 AM 11:42

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:

JUST THE BESTS LLC

L11-6239

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 **JANUARY 14, 2011**

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:**

JUST THE BEST 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 18 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: ALESSANDRO RENZETTI Title: DIRECTOR

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

+ Signature: _____
Printed Name: ALESSANDRO RENZETTI Title: MEMBER MANAGER

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV -7 AM 11:42

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: **JUST THE BEST INC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7900 SW 57 AVE, STE 12
SOUTH MIAMI, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL BUSINESS

ARTICLE IV SHARES **5,000**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ALESSANDRO RENZETTI - DIR/PRES/s	Name and Title:	
Address:	7900 SW 57 AVE, STE 12	Address:	
	SOUTH MIAMI, FL 33143		
Name and Title:	FRANCESCA FIORNOVELLI - DIR/VP/r	Name and Title:	
Address:	7900 SW 57 AVE, STE 12	Address:	
	SOUTH MIAMI, FL 33143		
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: **ECHEVERRIA CALVO & ASSOCIATES**
Address: **7900 SW 57 AVE, STE 12**
SOUTH MIAMI, FL 33143


ARTICLE VII INCORPORATOR

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

Name: ECHEVERRIA CALVO & ASSOCIATES

Address: 7900 SW 57 AVE STE 12
SOUTH MIAMI, FL 33143

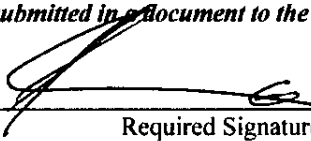
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/18/2013
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

10/18/2013
Date