

P13000094985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

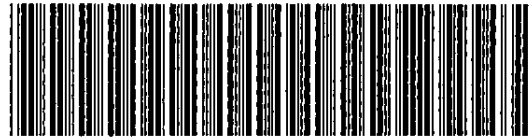
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/12/13--01062--004 **105.00

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13 NOV 21 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/22/13

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SYNFUEL ASSETS MANAGEMENT, LLC

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:

MACHEAL GOMEZ

Contact Person

ROCKET LAWYER

Firm/Company

5668 EAST 61ST STRET

Address

COMMERCE, CA 90040

City, State and Zip Code

mgomez@attorneyscorpsservice.com

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

For further information concerning this matter, please call:

MACHEAL GOMEZ at (800) 462-5487

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

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330
EMAIL: mgomez@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: 11/06/2013

FROM: MACHEAL GOMEZ

Client Matter: # 9039624

TO: REGISTRATION SECTION
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: SYNFUELS ASSETS MANAGEMENT LLC

Enclosed is one of the following: **(1) Articles of Conversion**

Return request with filing: **(1) Certified Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 NOV 21 PM 3: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 13, 2013

MACHEAL GOMEZ
ROCKET LAWYER
5668 EAST 61ST STREET
COMMERCE, CA 90040

SUBJECT: SYNFUELS ASSETS MANAGEMENT, INC.
Ref. Number: W13000062911

We have received your document for SYNFUELS ASSETS MANAGEMENT, 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):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 413A00026299

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:

SYNFUELS ASSETS MANAGEMENT, LLC

112000143575

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 **NOVEMBER 14TH, 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:

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

SYNFUELS ASSETS MANAGEMENT, 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 6TH day of NOVEMBER, 2013.

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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: PAUL T BASKIS

Title: DIRECTOR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Signature: 

Printed Name: PAUL T BASKIS

Title: MEMBER

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: SYNFUELS ASSETS MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

5090 FAIRWAYS CIRCLE, H105
VERO, BEACH, FL 32967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL T BASKIS, DIRECTOR

Address: 5090 FAIRWAYS CIRCLE, H105
VERO, BEACH, FL 32967

Name and Title: TOMMIE BASKIS, DIRECTOR

Address: 5090 FAIRWAYS CIRCLE, H105
VERO, BEACH, FL 32967

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PAUL T BASKIS

Address: 5090 FAIRWAYS CIRCLE, H105
VERO, BEACH, FL 32967

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MACHEAL GOMEZ
Address: 5668 EAST 61ST STREET
COMMERCE, CA 90040

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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

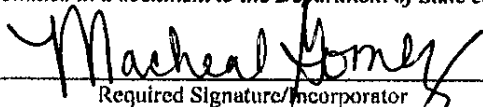


Required Signature/Registered Agent

11/06/2013

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

11/06/2013

Date