

P13000099452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

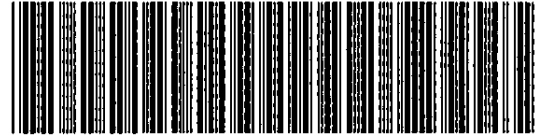
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/05/13--01021--010 **105.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 13 PM 3:36

Accountax and Payroll, Inc.
1908 Land O Lakes Blvd., Suite 4
Lutz, FL 33549
Tel: (813) 948-4602
Fax: (813) 948-4082

Date: 12/13/2013

Fax: 850-245-6804

From: Mariam Ghaly

To: Florida Department of State
Attn: Pam Smith

Ref: AL RASHAD GROUP, LLC
C/O Mahmoud Amer

Number of pages (8) including this sheet

In reference to our telephone conversation this morning, I have attached a new set of the certificate of conversion application after having the chairman of the Florida Profit Corporation signed the form as per your request.

Please process this application as soon as possible.

Thank you very much.

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ALRASHAD GROUP, 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:

MAHMOUD R AMER

Contact Person

ALRASHAD GROUP, INC

Firm/Company

7502 US HIGHWAY 19

Address

NEW PORT RICHEY, FL 32204

City, State and Zip Code

DR.MAHMOUDAMER@YAHOO.COM

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

For further information concerning this matter, please call:

MAHMOUD R AMER at (904) 415-9387

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

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DIVISION OF CORPORATIONS

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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:

AL RASHAD GROUP, LLC L13 000163863

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 **11/22/2013**

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:

FLORIDA

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

ALRASHAD GROUP, 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 3RD day of DECEMBER, 2013

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Required Signature for Florida Profit Corporation:

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Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: MAHMOUD RASHAD MOHAMED AMER

Printed Name: MAHMOUD RASHAD MOHAMED AMER Title: CHAIRMAN

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

X Signature: MAHMOUD RASHAD MOHAMED AMER
Printed Name: MAHMOUD RASHAD MOHAMED AMER Title: MGRM

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: ALRASHAD GROUP, INC

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

7502 US HIGHWAY 19

NEW PORT RICHEY, FL 32204

Mailing address, if different is:

7502 US HIGHWAY 19

NEW PORT RICHEY, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAHMOUD RASHAD MOHAMED AMER-PRESIDENT

Address: 10800 TORINO DR # 104
NEW PORT RICHEY, FL 34655

Name and Title: MAGED G MORKUS - MANAGER

Address: 2511 ROLLING OAKS DR
PALM HARBOR, FL 34683

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: MAHMOUD RASHAD MOHAMED AMER

Address: 10800 TORINO DR # 104
NEW PORT RICHEY, FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAHMOUD RASHAD MOHAMED AMER

Address: 10800 TORINO DR # 104
NEW PORT RICHEY, FL 34655

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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

x


Required Signature/Registered Agent

12/3/2013
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.

x


Required Signature/Incorporator

12/3/2013
Date