

P/4 UUUU 2123

(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



100255287031

01/13/14--01025--009 **105.00

P/7-3832

2-10-14

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ECHEVERRIA & ASSOCIATES P.A.

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 & ASSOCIATES P.A.

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:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input type="checkbox"/> \$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

January 21, 2014

JAN C. ECHEVERRIA
ECHEVERRIA & ASSOCIATES P.A.
7900 SW 57TH AVENUE, SUITE 12
SOUTH MIAMI, FL 33143

SUBJECT: ECHEVERRIA & ASSOCIATES P.A.
Ref. Number: 100255287031

RECEIVED
14 FEB -5 PM 2:11
TALLAHASSEE, FLORIDA

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

The specific business purpose of the professional association must be stated in the document.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 614A00001309

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -5 AM 8:59

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:

ECHEVERRIA CALVO & ASSOCIATES LLC . 109-92962

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 **FL**
(Enter state, or if a non-U.S. entity, the name of the country)

on **09/24/09**
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:**

ECHEVERRIA & ASSOCIATES P.A.

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 09 day of JANUARY, 2014.

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: JUAN CARLOS ECHEVERRIA Title: DIRECTOR

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

Signature: _____

Printed Name: JUAN CARLOS ECHEVERRIA Title: MANAGING 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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -5 AM 8:59

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profic)

ARTICLE I NAME

The name of the corporation shall be: ECHVERRIA & ASSOCIATES P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

7900 SW 57 AVE, STE 12

SOUTH MIAMI, FL 33143

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~ANY LEGAL BUSINESS~~

TO ENGAGE IN THE PRACTICE OF ACCOUNTING, TAX
AND RELATED PROFESSIONAL SERVICES

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CARLOS ECHEVERRIA (DPST)

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

Name and Title: _____

Address: _____

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: JUAN CARLOS ECHEVERRIA

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

ARTICLE VII INCORPORATOR

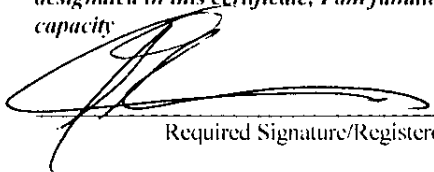
The name and address of the Incorporator is:

Name: JUAN CARLOS ECHEVERRIA

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

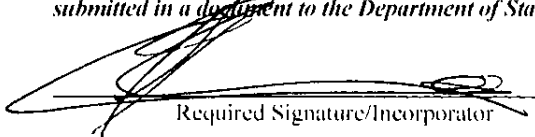


Required Signature/Registered Agent

01/09/14

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

01/19/14

Date