P1400001510/

(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: Sandra Said was Wish is ware vame She Sian he 2/18/14				

Office Use Only



600256607666
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RETURNED CHECK

02/14/14--01004--002 **113.75

2014 FEB 14 PH 5: 27

COVER LETTER

TO:	Charter Section Division of C			
SUBJ	JECT:	AJL	l, Corp.	
OCE		Name of Resultin	g Florida Profit Corporatio	on
conve				, and fees are submitted to tion" in accordance with s.
Please	e return all corre	espondence concerning	g this matter to:	
Ale	xandra Jl	non		
		Contact Person		
AJI	J, Corp.			
		Firm/Company		
436	S1 Coral S	Springs Dr Su	ite 1B	
-	, ,	Address		
Co	ral Spring	s, FL. 33065		
	C	ity, State and Zip Code		
		@HOTMAIL.		
E	E-mail address: (to	be used for future annual r	eport notification)	
For fi	irther information	on concerning this ma	tter, please call:	
	Alexand	lra Jhon	_{at (} 954 ₎	554-4834
	Name of Con	tact Person	Area Code and Dayt	ime Telephone Number
Enclo	sed is a check f	or the following amou	nt:	
\$10	05.00 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		
Charter Section Division of Corporations		Charter Section Division of Corporations		
	n Building	IO113	P. O. Box 63	•

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

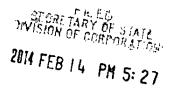
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Certificate of Conversion For

ror

"Other Business Entity"
Into

Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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:
AJLJ, LLC L1300016897
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, USA (Enter state, or if a non-U.S. entity, the name of the country)
December 5, 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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> AJLJ, Corp.
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.)

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Signed thisday of	Febraury		, 20 <u>14</u>
Required Signature for Florida Prof			
Signature of Chairman, Vice Chairman	n Director Ω	fficer or i	if Directors or Officers have no
been selected, an Incorporator: Ale	1, Director, O		n Directors of Officers have in
Drinted Name: Alexandra Jhon	Title	President	(000
Printed Name: Alexandra Jhon			
Required Signature(s) on behalf of Ot signature(s).]			
Signature: Alexandru JA	S		
Printed Name: Alexandra Jhon		Title:	Member Manager
Signature: Alexandru JA Printed Name: Alexandra Jhon Signature: Maria A Villa	creces		
Printed Name: Maria a Villacreces		Title:	Member Manager
			
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
	 		
Signature:			
Printed Name:		Title:	
			
Signature:			
Printed Name:			
Triffed (diffe.			
If Florida General Partnership or Lin	nited Liability	v Partners	hip:
Signature of one General Partner.			
If Florida Limited Partnership or Lin	nited Liability	v Limited !	Partnership:
Signatures of ALL General Partners.			
Signatures of <u>11222</u> General Farmers.			
If Florida Limited Liability Company	7 •		
Signature of a Member or Authorized R			
dignature of a Wiember of Authorized R	opresentative.		
All others: Signature of an authorized person.	· ·		
Signature of an authorized person.			
P			
Fees:		#25.00	
Certificate of Conversion:		\$35.00	
Fees for Florida Articles of Inc	corporation:	\$70.00	
Certified Copy:		\$8.75 (Op	
Certificate of Status:		\$8.75 (Or	otional)

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2014 FEB 14 PM 5: 27

	NAME	AJLJ, Co	rp.
The name of	the corporation shall be:		· F ·
ARTICLE I	PRINCIPAL OFFICE place of business/mailing address is:		
т не ринетра			M 27 1 day - 16 d 266 1
	Principal street address		Mailing address, if different is:
4361 C	oral Springs Dr Suite 1B		
Coral S	prings, FL. 33065		
ARTICLE			
	for which the corporation is organized is: d All Lawful Business.		
Any and	u All Lawlul Busilless.		
ARTICLE I	IV SHARES of shares of stock is:		
The named			
ARTICLE		RECTORS	Maria A Villagrages / VD
Name and T	itle:_Alexandra Jhon / P	Name and Title:	Maria A Villacreces / VP
Address:	4361 Coral Springs Dr 1B	Address:	4361 Coral Springs Dr 1B
	Coral Springs, FL. 33065		Coral Springs, FL. 33065
Name and T	itle:	Name and Title:	
Address:		Address:	
Name and T	itle:	Name and Title	:
Address:		Address:	
ADDICE	U DECICADES ACESE		
The name ar	<u>VI REGISTERED AGENT</u> nd Florida street address (P.O. Box NOT acce	eptable) of the regis	stered agent is:
' <u>'</u>	Adriana G Rodriguez	-	
Name:	Adriana O Nounguez		
Name: Address:	23127 Lyons Rd.		

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ARTICLE	VII INCORPORATOR	STY SION OF OF STA
The name:	and address of the Incorporator is:	2014 FFR
Name:	Alexandra Jhon	2014 FEB 14 PM 5: 27
Address:	4361 Coral Springs Dr 1B	0.27
	Coral Springs, FL. 33065	
		************************************* service of process for the above stated corporation at the place accept the appointment as registered agent and agree to act in this 02/11/2014
Required Signature/Registered Age to		Date
		stated herein are true. I am aware that any false information constitutes a third degree felony as provided for in s.817.155, F.S.
S	exandra Thool	02/11/2014
	Required Signature/Incorporator	Date