7/4000035363

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only

W14-26788



700259102697

04/18/14--01023--001 **315.00

COVER LETTER

TO: Charter Section Division of C				
	D HOLDINGS, INC			
SUBJECT:	Name of Resultir	ng Florida Profit Cor	noration	<u> </u>
	Name of Resulti	ig Piorida i ront Coi	poration	
		•	-	and fees are submitted to ion" in accordance with s.
Please return all corr	espondence concernin	g this matter to:		
Peter Savineau				
	Contact Person		-	
MCR PARTNERS	S, Inc.			
	Firm/Company		•	
20533 Biscayne B	llvd (1301)			
	Address		-	
Miami, FL 33180				
C	ity, State and Zip Code		=	
mcrpartners@yah	oo.com			
E-mail address: (to	be used for future annual r	eport notification)	-	
For further informati	on concerning this ma	tter, please call:		
Peter Savineau		305	725-	7405
Name of Con	tact Person	at (Area Code and	d Daytin	me Telephone Number
Enclosed is a check f	or the following amou	int:		
■ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES New Filings Section Division of Corporat Clifton Building 2661 Executive Cent	ions	New Fi Divisio P. O. B	lings S n of Co ox 632	orporations
Tallahassee, FL 323	01		•	

Certificate of Conversion

For

"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" immed of Conversion is:	ediately prior to the filing of this Certificate
HEROD HOLDINGS, LLC	(L/2-137444).
Enter Name of Other	Business Entity
2. The "Other Business Entity" is a [Enter entity type. Example: limited liabile.	hility company limited partnership
general partnership, common	· · · · · · · · · · · · · · · · · · ·
general parameter, commen	Florida
first organized, formed or incorporated under the l	
(Enter state, or if a non-U.S. enti	ty, the name of the country)
10/29/2012	
Enter date "Other Business Entity" was fi 3. If the jurisdiction of the "Other Business Entity the laws of which it is now organized, formed or i n/a 4. The name of the Florida Profit Corporation as s	was changed, the state or country under ncorporated:
Incorporation:	
HEROD HOLDINGS, INC	
Enter Name of Florida	Profit Corporation
5. If not effective on the date of filing, enter the e	n/a ffective date: .
(The effective date: 1) cannot be prior to nor n document is filed by the Florida Department of effective date listed in the attached Articles of I therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the

Signed this 15th day of April	, 2014	
Required Signature for Florida Profit Corporati	on:	
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: William Rodrigues Title	officer, or, if Directors or Officers have been brector	not
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required	
Signature: W. Rodugues Printed Name: William Rodrigues	_ 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 Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	三型線 本	
All others: Signature of an authorized person.	APR 18	=
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
20580 SW 126 AVE	Mailing address, if different is:
MIAMI, FL 33177	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 'Any and all lawful business'	
ARTICLE IV SHARES 1 500 no-par-yal	
ARTICLE IV SHARES 1,500 no-par-val	uo
ARTICLE V INITIAL OFFICERS AND/OR D William Rodrigues, P/D	DIRECTORS
William Rodrigues, P/D Name and Title: 625 83RD STREET 45	DIRECTORS Name and Title:
William Rodrigues, P/D Name and Title: 625 83RD STREET 45	DIRECTORS
Name and Title: 625 83RD STREET 45 MIAMI BEACH, FL 33141	Name and Title: Address:
Name and Title: Address: MIAMI BEACH, FL 33141 Name and Title:	Name and Title: Address: Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR E William Rodrigues, P/D 625 83RD STREET 45 MIAMI BEACH, FL 33141 Name and Title: Address:	Name and Title: Address: Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND/OR E William Rodrigues, P/D Name and Title: 625 83RD STREET 45 MIAMI BEACH, FL 33141 Name and Title:	Name and Title: Address: Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND/OR E William Rodrigues, P/D Name and Title: 625 83RD STREET 45 MIAMI BEACH, FL 33141 Name and Title: Address:	Name and Title: Address: Name and Title: Address: Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR E William Rodrigues, P/D 625 83RD STREET 45 MIAMI BEACH, FL 33141 Name and Title: Address: Name and Title: Address: Rame and Title: Registered Agent	Name and Title: Address: Name and Title: Address: Name and Title: Address:
Mame and Title: Address: MIAMI BEACH, FL 33141 Name and Title: Address: Mame and Title: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT address). Inc.	Name and Title: Address: Name and Title: Address: Name and Title: Address:
ARTICLE V INITIAL OFFICERS AND/OR E William Rodrigues, P/D 625 83RD STREET 45 MIAMI BEACH, FL 33141 Name and Title: Address: Name and Title: Address: Registered Agent The name and Florida street address (P.O. Box NOT actions)	Name and Title: Address: Name and Title: Address: Name and Title: Address:

WITTOM			
The name	and address of the Incorporator is:		
	William Rodrigues		
Name:	7 Timan Houngues		
i tairio.	60E 02DD STDEET 45		
A d duana.	625 83RD STREET 45		
Address:			
	MIAMI BEACH, FL 33141		
******	**********	************	! ******
	en named as registered agent to acce, in this certificate, I am familiar with a		
cupacity			
		SAVINERU)	04/15/2014
	Required Signature/Registered Agent	SHILDERO	Date
	Requirer Signature/Registered Agent		Date
I submit t	his document and affirm that the fac	stated herein are true. I am awa	re that any false information
submitted i	in a document to the Department of Stat	constitutes a third degree felony as p	rovided for in s.817.155, F.S.
	-		
	W. Rodriguer		04/15/2014
	Required Signature/Incorporator		Date

FILED

14 APR 18 PM 2: 18

SECTION