

PAU00046728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

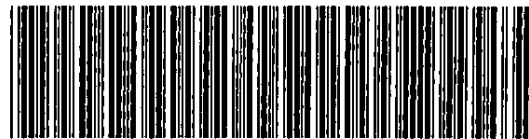
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100258397951

04/03/14--01016--020 **113.75

FILED
14 MAY 27 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-21655

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: **BROKEN TOY WORKS, 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:

JOSE A. LOPEZ, JR.

Contact Person

Firm/Company

88500 OVERSEAS HWY # 429

Address

TAVERNIER, FL 33070

City, State and Zip Code

brokentoyworks@gmail.com

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

For further information concerning this matter, please call:

Jose A. Lopez, Jr.

Name of Contact Person

at (**917**) **613-6025**

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:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



RECEIVED

14 APR 24 PM 1:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STATE
TALLAHASSEE, FLORIDA

April 4, 2014

JOSE A. LOPEZ
88500 OVERSEAS HWY #429
TAVERNIER, FL 33070

SUBJECT: BROKEN TOY WORKS, INC.
Ref. Number: W14000021655

We have received your document for BROKEN TOY WORKS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The Certificate of Conversion must be signed by an authorized person.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 614A00007301

-Date has been whited out as per my conversation with Joey on 4/21/14 11:45 AM EST. Thank You



RECEIVED

14 MAY 23 AM 11:16

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
TALLAHASSEE, FLORIDA

May 7, 2014

JOSE A. LOPEZ
88500 OVERSEAS HWY #429
TAVERNIER, FL 33070

SUBJECT: BROKEN TOY WORKS, INC.
Ref. Number: W14000021655

We have received your document for BROKEN TOY WORKS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Certificate of Conversion must be signed by an authorized person.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 614A00007301

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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:

Broken Toy Works LLC L140000048730

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 **March 25, 2014.**

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:**

Broken Toy Works, 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 26th day of March, 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: Jose A. Lopez, Jr.

Title: President/Secretary

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

Signature: _____

Printed Name: Jose A. Lopez, Jr.

Title: MGR

Signature: _____

Printed Name: Nina K. Corrado

Title: MGR

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: Broken Toy Works, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

88500 Overseas Hwy. # 429

Tavernier, FL 33070

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100 (at one dollar at par)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose A. Lopez, Jr. President-Secretary

Name and Title: _____

Address: 88500 Overseas Hwy. #429

Address: _____

Tavernier, FL 33070

Name and Title: Nina K. Corrado. Vice President

Name and Title: _____

Address: 88500 Overseas Hwy. #429

Address: _____

Tavernier, FL 33070

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jose A. Lopez, Jr.

Address: 88500 Overseas Hwy. #429

Tavernier, FL 33070

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose A. Lopez, Jr.
Address: 88500 Overseas Hwy. #429
Tavernier, FL 33070

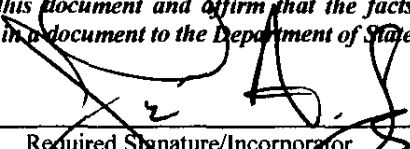
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

03/26/2014

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

03/26/2014

Date

14 MAY 27 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA