

P1400005588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

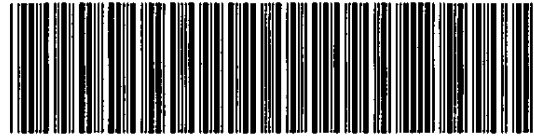
Special Instructions to Filing Officer:

JUN 27 2014

A. LUNT

W14-31854

Office Use Only



200259539422

04/30/14--01024--022 \*\*25.00

06/27/14--01036--021 \*\*80.00

RECEIVED  
TALLAHASSEE, FLORIDA

2014 JUN 26 PM 4:00

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2014

OMAR CARMONA  
1320 N. SEMORAN BLVD SUITE 107  
ORLANDO, FL 32708

SUBJECT: MELENDEZ CARMONA, PA  
Ref. Number: W14000031854

We have received your document for MELENDEZ CARMONA, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$80.00.

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) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 914A00010927



**MELLENDEZ | CARMONA**  
ATTORNEYS & COUNSELORS AT LAW

Orlando | Kissimmee | Tampa | San Juan | Bogotá

20 S. Rose Ave. Suite 2  
Kissimmee, FL 34741

1320 N. Semoran Blvd. Suite 107  
Orlando, FL 32807

Ph (407) 932-1650  
Fax (407) 932-4750

[www.melendezcarmona.com](http://www.melendezcarmona.com)

*Via US Postal*

June 2, 2014

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

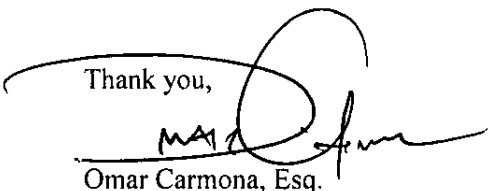
**Re: Melendez Carmona, PL  
Conversion  
Letter No.: 914A00010927**

Dear Officer:

As requested in your letter dated May 20, 2014, enclosed you will find the documents together with the balance of \$80.00, check number 1248.

Please don't hesitate to contact us if you have any question at 407-932-1650.

Thank you,

  
Omar Carmona, Esq.

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Melendez & Carmona, 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:

Omar Carmona  
Contact Person

Melendez & Carmona  
Firm/Company

1320 N. Semoran Blvd. Suite 107  
Address

Orlando FL 32708  
City, State and Zip Code

Carmona@melendezcarmona.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Carmona at ( 407 ) 932-1650  
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:**  
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

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TALLAHASSEE, FLORIDA

**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:

Melendez Calmona, PL  
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 July 20, 2012  
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**:

Melendez & Calmona, P.A.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: April 1, 2014.  
(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 1 day of June, 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: MAK + JAMES

Printed Name: OMAR CALMONA Title: Director

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

Signature: MAK + JAMES  
Printed Name: OMAR CALMONA Title: MGR

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) |

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## 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: Melendez & Calmona, P.A.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
20 South Rose Ave  
Suite 2  
Kissimmee, FL 34741

Mailing address, if different is:  
20 South Rose Ave.  
Suite 2  
Kissimmee FL 34741

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide legal representation and  
Legal Services

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Omar Calmona, Director

Address: 20 S Rose Ave. Suite 2  
Kissimmee FL 34741

Name and Title: Carlos Melendez Director

Address: 20 S. Rose Ave, Suite 2  
Kissimmee FL 34741

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: Omar Calmona

Address: 1320 N. Semoran Blvd. Suite 107  
Orlando FL 32708

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KISSIMMEE, FL  
CLERK OF DISTRICT COURT

**ARTICLE VII INCORPORATOR**

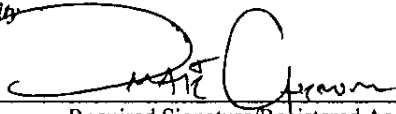
The **name and address** of the Incorporator is:

Name: Omai Calmona

Address: 1320 W. Semoran Blvd Suite 107  
Orlando FL 32708

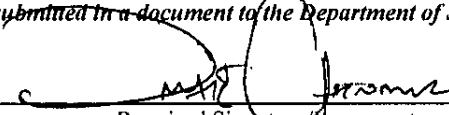
\*\*\*\*\*

*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

4/1/14  
\_\_\_\_\_  
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

4/1/14  
\_\_\_\_\_  
Date

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2014 JUN 26 PM 4:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA