

P14000068581

(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:

W1400045103

Office Use Only

B 8/18/14



600262007456

NOT RECORDED  
TO KNOWLEDGE  
SUFFICIENCY OF FILING

2014 JUL 21 PM 4:13

14 JUL 21 AM 9:44

RECEIVED  
DIVISION OF CORPORATE AFFAIRS  
JUL 21 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2014

CORPORATION SERVICE COMPANY  
ATTN: EMILY GRAY

SUBJECT: DAVID F LOPEZ P.A.  
Ref. Number: W14000045103

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for DAVID F LOPEZ P.A. and the authorization to debit your account in the amount of \$95.00. However, the document has not been filed and is being returned for the following:

Please complete correct application and amount due is \$105.,

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 014A00015767

RECEIVED  
DEPARTMENT OF STATE  
14 AUG 15 10 01 15



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 202487 8001156

AUTHORIZATION :

*Spurlockman*

COST LIMIT : \$95.00

ORDER DATE : July 2, 2014

ORDER TIME : 2:16 PM

ORDER NO. : 202487-010

CUSTOMER NO: 8001156

DOMESTIC CONVERSION FILING

NAME: DAVID F LOPEZ LLC

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

**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:

DAVID F LOPEZ LLC - L14000101136

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 06/24/2014  
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:**

DAVID F LOPEZ 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.)

JUL 21 AM 9:46

DIVISION OF REVENUE


Signed this 7th day of July, 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: David Lopez

Printed Name: David Lopez Title:

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

Signature:  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 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)

17 JUL 21 AM 9:44

RECEIVED  
DIVISION OF CORPORATE  
AND FINANCIAL SERVICES

**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: DAVID F LOPEZ P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

212 BOBWHITE RD

ROYAL PALM BEAC, FL 33411

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: DAVID LOPEZ

Name and Title: \_\_\_\_\_

Address 212 BOBWHITE RD

Address: \_\_\_\_\_

ROYAL PALM BEACH, FL 33414

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

74 JUL 21 AM 9:44

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

(cont.)

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:

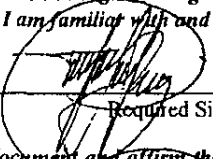
Name: DAVID LOPEZ  
Address: 212 BOBWHITE RD  
ROYAL PALM BEACH, FL 33411

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID LOPEZ  
Address: 212 BOBWHITE RD  
ROYAL PALM BEACH, FL 33411

*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*

By:   
Required Signature/Registered Agent

07-10-14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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

07-10-14  
Date

RECEIVED  
DIVISION OF CORPORATE REGISTRATION  
JUL 21 AM 9:46