

P14000077091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

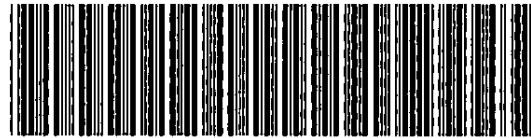
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/14--01002--009 **70.00

08/07/14--01028--006 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

SEP 17 2014

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Vizcaya & Vizcaya, PA

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:

Graciela Vizcaya

Contact Person

Firm/Company

1200 S Pine Island Road Suite 600

Address

Plantation, FL 33324

City, State and Zip Code

gmfinancialsystemsllc@yahoo.com

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

For further information concerning this matter, please call:

Graciela Vizcaya

Name of Contact Person

at (754) 204-3713

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

Graciela "Grace" Vizcaya
1200 S. Pine Island Road, Suite 600
Plantation, Florida 33324
PH (754) 204-3713 Fax (754) 400-8686
latinoamericalegalaid@gmail.com

September 6, 2014

Ms. Michelle Milligan
Florida Department of State
Division of Corporations
Tallahassee, Florida 32301

Dear Ms Milligan:

As per our conversation on 09/05/14, I am following your instructions and sending the documents to change the Corporation name .

Please see the money order attached in the amount of \$ 70.00 to complete the fees for this change.

Please feel free to contact me at any time at the below number.

God bless you for your professional and kind way to help me in this matter.

Thanks,


Graciela "Grace" Vizcaya
graceviz2010@hotmail.com

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

FILED
14 SEP 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Latinoamerican Legal Consultants, LLC

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 **05/02/2007**
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:**

Vizcaya & Vizcaya, PA

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 07 day of September, 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: Graciela Vizcaya

Title: MGRM

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

Signature: _____

Printed Name: Graciela Vizcaya

Title: MGRM

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Vizcaya & Vizcaya, PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

1200 S Pine Island Road # 600
Plantation, FL 33324

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: 500 Shares @ \$1.00 = \$500.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Graciela Vizcaya, President

Name and Title: _____

Address: 1200 S Pine Island Road # 600

Address: _____

Plantation, FL 33324

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Graciela Vizcaya

Address: 1200 S Pine Island Road # 600

Plantation FL 33324

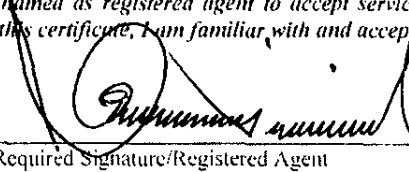
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel A Medina
Address: 18048 NW 59th Ave. # 106
Hialeah, FL 33015

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

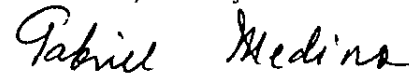


Required Signature/Registered Agent

09/06/2014

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

09/06/2014

Date

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TALLAHASSEE, FLORIDA