# P140000 84845

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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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<u>.</u>		

Office Use Only



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SECRETARY SECRET

WH-57043

10/15/14

Orlando 15, 2014

#### MDM Designs LLC Release Letter

I, Maureen Santelises, Manager of MDM DESIGNS, LLC (Document #L12000154571) have no intention to reinstate the dissolved Entity, therefore releasing the Name for another Entity's use.

Maureen Santelises

PILED

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SEGRETARY TO CHATE



## RECEIVED

14 OCT 14 PM 1:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2014

MAUREEN SANTELISES MDM DESIGNS INC 2120 JEREMIAH WAY KISSIMMEE EU 34743 \*\*\* 2ND CORRECTION \*\*\*

SUBJECT: MDM DESIGNS, INC Ref. Number: W14000057043

We have received your document for MDM DESIGNS, INC and your check(s) totalling \$ 105.00. 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 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 414A00019959



#### RECEIVED

14 SEP 26 AH II: 04

# FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA

September 17, 2014

MAUREEN SANTELISES MDM DESIGNS, INC 2120 JEREMIAH WAY KISSIMMEE, FL 34743

SUBJECT: MDM DESIGNS, INC Ref. Number: W14000057043

We have received your document for MDM DESIGNS, INC and your check(s) totaling \$105.00. 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 414A00019959

#### **COVER LETTER**

TO:	Charter Section Division of C			
CIID	JECT:	•	SIGNS, INC	
SUD	JECI:		g Florida Profit Corporatio	n
conv				and fees are submitted to tion" in accordance with s.
Pleas	e return all corre	espondence concerning	g this matter to:	
Ма	ureen Sa	ntelises		
		Contact Person		
ME	M DESIG	SNS, INC		
		Firm/Company		
21	20 Jeremi	ah Way		
	<del>-</del>	Address		
Kis		Florida 34743	3	
	C	ity, State and Zip Code		
		s@gmail.con		
	E-mail address: (to	be used for future annual r	eport notification)	
For f	urther informati	on concerning this ma	tter, please call:	
Ma	ureen Sa	ntelises	$_{\rm at}$ (407 ) 57	5-5330
	Name of Con	tact Person	Area Code and Dayti	me Telephone Number
Encl	osed is a check f	or the following amou	int:	
<b>■</b> \$1	05.00 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
New Divis Clifte 2661	EET ADDRES Filings Section sion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	MAILING A New Filings S Division of C P. O. Box 63: Tallahassee,	Section Corporations 27

#### **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:
MDM DESIGNS, LLC (L/2-154571)
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 01-01-2013
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:  Florida
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
MDM DESIGNS, 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.)
Page 1 of 2

Signed this 10 day of September	, 20 <u>14</u>
Required Signature for Florida Profit Corporati	on:
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator:  Printed Name: Maureen Santelises  Title:	Officer, or, if Directors or Officers have not
11110.	
Required Signature(s) on behalf of Other Business	Entity: [See below for required
signature(s).]	
Signature:  Printed Name (Herlis W Fieltes Gonzelez	
Printed Name: Peris W.Fleltas Gonzalez	Title: Manager
Signature: 7.7 Printed Name: Madreen Santelises	
Printed Name: Madreen Santelises	Title: Manager
Signatura	
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	TOTAL STATE OF THE
Printed Name:	_ I itle:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability	y Limited Partnership:
Signatures of <u>ALL</u> General Partners.	
If Florida Limited Liability Company:	3E6
Signature of a Member or Authorized Representative.	
•	CT 14 1
All others:	₩ <del>-</del>
Signature of an authorized person.	
Fees:	
Certificate of Conversion:	\$35.00 PAR 2
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

	ARTICLES OF I		· · · · · · · · · · · · · · · · · · ·
ARTICLE The name of	E I NAME of the corporation shall be: MDM DESIG	SNS, INC	
ARTICLE		•	
	Principal street address		Mailing address, if different is:
2120	Jeremiah Way		
Kissim	nmee, Florida 34743		<u> </u>
	SIII PURPOSE se for which the corporation is organized is: AND ALL LAWFUL BUSINES	SS	
ARTICLE The number	EIV SHARES or of shares of stock is:		
ARTICLE			
Name and	Title: Maureen Santelises / Officer	Name and Title	
Address:	2120 Jeremiah Way Kissimmee, FL 34743	Address:	2120 Jeremiah Way Kissimmee, FL 34743
		-	
Name and	Title:	_ Name and Title	»:
Address:		Address:	
Name and	Title:	Name and Title	<b>:</b>
Address:		Address:	
	**************************************		
ARTICLE The name:	E VI REGISTERED AGENT and Florida street address (P.O. Box NOT ac Maureen Santelises	ceptable) of the regi	stered agent is:
Address:	2120 Jeremiah Way		
	Kissimmee, FL 34743	•	

ARTICL. The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	Maureen Santelises	
Address:	2120 Jeremiah Way	
	Kissimmee, FL 34743	
		**************************************
		<del></del>
I submit t	Required Signature/Registered Agent  this document and affirm that the facts st	Date led herein are true. I am aware that any false information
		stitutes a third degree felony as provided for in s.817.155, F.S.
	ND-71	09/10/2014
	Required Signature/Incorporator	Date

FILED
SEGRETARY DE CLATE