

P14000087729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

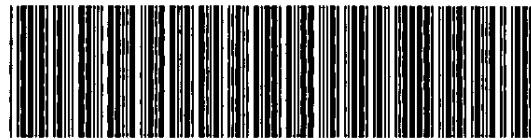
(Document Number)

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

Special Instructions to Filing Officer:

W14-63164

Office Use Only



800265145318

10/15/14--01004--021 \*\*105.00

APPROVED  
AND  
FILED  
14 OCT 27 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V14

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** ALAMEDA INVESTMENTS, 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 MAURICIO BELLO

Contact Person

JOSE MAURICIO BELLO P.A.

Firm/Company

1290 WESTON RD. SUITE 220

Address

WESTON, FL, 33326

City, State and Zip Code

isabarboza10@gmail.com

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

For further information concerning this matter, please call:

JOSE MAURICIO BELLO at (954) 895-9491

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2014

JOSE MAURICIO BELLO P.A.  
1290 WESTON RD. SUITE 220  
WESTON, FL 33326

SUBJECT: ALAMEDA INVESTMENTS LLC  
Ref. Number: W14000063164

We have received your document for ALAMEDA INVESTMENTS LLC 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 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00022224

APPROVED  
AND  
FILED

14 OCT 27 PM 1:16

SECRETARY OF STATE  
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:

**ALAMEDA INVESTMENTS LLC**

→ L05000080254

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 **08/15/2005**

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:**

**ALAMEDA INVESTMENTS, 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.)

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14 OCT 27 PM 1:16

Signed this 7th day of October, 2014

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ISABEL BARBOZA

Title: PRESIDENT

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

Signature: \_\_\_\_\_

Printed Name: ARMIDA COLLANTES

Title: MGRM

Signature: \_\_\_\_\_

Printed Name: VIVIAN COLLANTES

Title: MGRM

Signature: \_\_\_\_\_

Printed Name: JOANNA COLLANTES

Title: MGRM

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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AND  
FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Print) 11-06-27 PM 1:17

**ARTICLE I NAME**

The name of the corporation shall be:

ALAMEDA INVESTMENTS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

16100 Emerald Estates Dr. Apt.290

16100 Emerald Estates Dr. Apt.290

Weston, Fl.33331

Weston, Fl.33331

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES 300**

The number of shares of stock is:

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

Name and Title: ISABEL BARBOZA - PRESIDENT

Name and Title: ANDREINA COLLANTES VICE-PRESIDENT

Address: 16100 Emerald Estates Dr. Apt.290

Address: 16100 Emerald Estates Dr. Apt.290

WESTON, FL 333331

WESTON, FL 33331

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: ARMIDA COLLANTES

Address: 16100 Emerald Estates Dr. Apt.290

WESTON, FL 33331

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14 OCT 27 PM 1:17

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ISABEL BARBOZA  
Address: 16100 Emerald Estates Dr. Apt.290  
WESTON, FL 33331

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

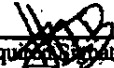
\*\*\*\*\*

*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

10-7-14  
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

10-7-14  
Date