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(Re	equestor's Name)	-
(Ad	Idress)	
,	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	<u> </u>	
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Charter Section Division of C				
		TIAN FAURE DESI	GN ARCHITEC	TURE	E, INC.
SUBJ	ECT:	Name of Resultin	ıg Florida Profit Cor	moration	
		Name of Resultin	ig Florida Front Col	poration	1
conve		•	•	-	and fees are submitted to ion" in accordance with s.
Please	return all corre	espondence concerning	g this matter to:		
Pete	er Savineau				
		Contact Person		-	
MCI	R Partners, In	c.			
		Firm/Company		-	
205	33 Biscayne E	3lvd (1301)			
		Address		-	
Mia	mi, FL 33180				
,	C	ity, State and Zip Code		-	
mcr	partners@yah	noo.com			
E.	-mail address: (to	be used for future annual r	eport notification)	-	
	rther information r Savineau	on concerning this ma	tter, please call: 305 at (725-)	7405
	Name of Con	tact Person	Area Code an	d Daytir	ne Telephone Number
Enclos	sed is a check f	or the following amou	ınt:		
5 \$10.	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F Divisi Clifton 2661 I	ET ADDRESSESSION OF CORPORATION OF C	ions er Circle	New Fi Divisio P. O. B	ilings S on of C lox 632	orporations

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

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:
CHRISTIAN FAURE DESIGN ARCHITECTURE LLC (2/3-1/4279)
Enter Name of Other Business Entity
limited liability company
2. The "Other Business Entity" is a
FLORIDA
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
08/13/2013
on
Enter date "Other Business Entity" was first organized, formed or incorporated
the laws of which it is now organized, formed or incorporated: n/a
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
CHRISTIAN FAURE DESIGN ARCHITECTURE, INC.
Enter Name of Florida Profit Corporation
n/a
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
$\frac{m_{1}}{m_{1}} = \frac{\omega}{m_{1}}$

Signed this 23rd day of October	, 20_14	
Required Signature for Florida Profit Corporati	on:	
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: Printed Name: CHRISTIAN FAURE Title:	Officer, or, if Directors or Officers have r	ıot
Required Signature(s) on behalf of Other Business signature(s).]	Entity: [See below for required	
Signature: CHRISTIAN FAURE Printed Name:	_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 Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.		
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	OCT 31	
All others: Signature of an authorized person.	문 구로 원 전 3 로 원 전 3 로 보 전 3 로 로	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	PII DDINGIDAI OPPICE	
	E II PRINCIPAL OFFICE pal place of business/mailing address is:	
	Principal street address	Mailing address, if different is:
	Principal street address ICOLN RD (#N8)	
MIAMI	BEACH, FL 33139	
The purpo	E III PURPOSE se for which the corporation is organized is: and all lawful business'	
ARTICL The number	E IV SHARES 1,500 no-par-vaer of shares of stock is:	alue
	E V INITIAL OFFICERS AND/OR	
	CHRISTIAN FAURE, D/P	
Name and	420 LINCOLN RD (#N8)	Name and Title:
Address:		Address:
radicas.	MIAMI DEACH EL 22120	/ Mul vos.
/ saai 055.	MIAMI BEACH, FL 33139	
	MIAMI BEACH, FL 33139 Title:	
Name and		Name and Title:
Name and Address:	Title:	Name and Title: Address:
Name and Address:	Title:	Name and Title: Address: Name and Title:
Name and Address:	Title:	Name and Title: Address: Name and Title:

ARTICLE The risme	E VII INCORPORATOR and address of the Incorporator is:	
The <u>mame</u>	CHRISTIAN FAURE	
Name:	OLIVIO LIVIA VOLIC	
Address:	420 LINCOLN RD (#N8)	
Audiess.	MIAMI BEACH, FL 33139	
		*********************************** process for the above stated corporation at the place appointment as registered agent and agree to act in this
		10/23/2014
	Required Signature/Registered Agent	Date
	this document and affirm that the facts stated here in a document to the Department of State constitutes to	in are true. I am aware that any false information third degree felony as provided for in s.817.155, F.S.
	C-Faue	10/23/2014
	Required Signature/Incorporator	Date

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SECRETARINA TABLE

TAIL A DESCRIPTION ASSENA