

P1500005076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

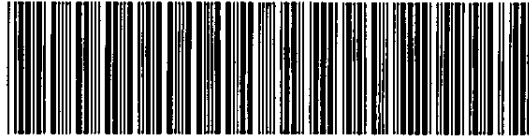
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500266637785

12/01/14--01050--006 **122.50

FILED
15 JAN 14 AM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WA-72491

COVER LETTER

TO: Charter Section
Division of Corporations

REMI ROBERTS CPA, P.A.

SUBJECT: _____
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:

REMI ROBERTS

Contact Person

REMI ROBERTS LLC

Firm/Company

420 S. DIXIE HWY, SUITE 2B

Address

CORAL GABLES, FL 33146

City, State and Zip Code

REMI@REMIROBERTSCPA.COM

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

For further information concerning this matter, please call:

REMI ROBERTS

305

926-8720

at (_____) _____

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

REMI ROBERTS

CERTIFIED PUBLIC ACCOUNTANT

December 23, 2014

Jessica A Fason
Regulatory Specialist
Florida Department of State
Division of Corporations

RE: Remi Roberts CPA, P.A.
Ref #: W14000072191
Letter Number: 714A00025493

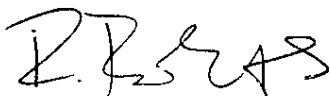
Dear Ms Fason,

Thank you for contacting me regarding the filing the Articles of Incorporation for Remi Roberts CPA, P.A. Please find enclosed the documents containing your recommended corrections.

I've also attached a copy of your letter for your reference.

Thank you in advance for facilitating this filing.

Sincerely,



Remi Roberts, CPA

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:

REMI ROBERTS 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 FEBRUARY 22, 2010
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:**

REMI ROBERTS CPA, 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.)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 JAN 14 AM 2:05

FILED

Signed this 20TH day of NOVEMBER, 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: R. Roberts

Printed Name: REMI ROBERTS Title: PRESIDENT

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

Signature: R. Roberts
Printed Name: REMI ROBERTS Title: MANAGING 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)

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: REMI ROBERTS CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

420 S. Dixie Hwy, Suite 2B

Coral Gables, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CERTIFIED PUBLIC ACCOUNTING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REMI ROBERTS, PRESIDENT

Name and Title: _____

Address: 420 S. DIXIE HWY, #2B

Address: _____

CORAL GABLES, FL 33146

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: REMI ROBERTS

Address: 420 S. DIXIE HWY, #2B

CORAL GABLES, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REMI ROBERTS
Address: 420 S. DIXIE HWY, #2B
CORAL GABLES, FL 33146

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

R. Roberts

Required Signature/Registered Agent

12/23/14

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.

R. Roberts

Required Signature/Incorporator

12/23/14

Date

15 JAN 14 AM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED