

P1500007192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

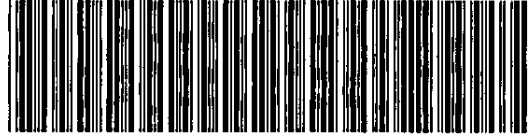
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200268408412

01/20/15--01047--012 **105.00

FILED
15 JAN 20 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-22-15

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: AIRCRAFT MACHINE TOOLS, 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:

Cesar Molina

Contact Person

AIRCRAFT MACHINES TOOLS, INC

Firm/Company

8372 NW 56TH ST

Address

DORAL, FL. 33166

City, State and Zip Code

CESARMOLINA462011@HOTMAIL.COM

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

For further information concerning this matter, please call:

LOUIS R. DIAZ

305 810-8509

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

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:

AIRCRAFT MACHINE TOOLS, LLC

Enter Name of Other Business Entity

LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

FLORIDA

first organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

01/09/2015

on

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**:

AIRCRAFT MACHINE TOOLS, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date:

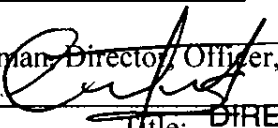
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

FILED
15 JAN 20 PM 2:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

01-20-2015 Ref Customer
01/12/2015

Signed this 12TH day of JANUARY, 2015.

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: CESAR MOLINA Title: DIRECTOR

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

Signature: _____
Printed Name: _____ Title: _____

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 AIRCRAFT MACHINE TOOLS, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
8372 NW 56TH ST
DORAL, FL. 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful for profit activities.

ARTICLE IV SHARES 100,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Cesar Molina, President

Name and Title: _____ Name and Title: _____

8343 Lake Dr. Apt 403

Address: _____ Address: _____

Doral, Fl. 33166

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:

Miami Tax Expert, Inc.

Name: _____

122 Hialeah Dr.

Address: _____

Hialeah, Fl. 33010

ARTICLE VII INCORPORATOR

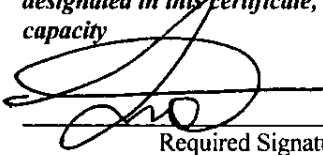
The name and address of the Incorporator is:

Name: Cesar Molina

Address: 8343 Lake Dr. Apt 403

Doral, Fl. 33166

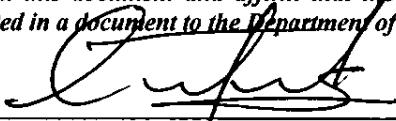
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/12/15
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

1/12/15
Date

FILED
15 JAN 20 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA