PI5000031319

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Charter Section

Division of Corporations

SUBJECT: BMK AUTO SALE SOLUTIONS 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 BARACALDC	JOSE	BARA	ACA	LDC
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Contact Person

BMK AUTO SALE SOLUTIONS

Firm/Company

18683 SW 103 CT.

Address

MIAMI, FL 33157

City, State and Zip Code

bmk.auto@hotmail.com

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

For further information concerning this matter, please call:

JOSE BARACALDO

_{at (} /86

342-9191

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

Status

□ \$105.00 Filing Fees

\$113.75 Filing Fees and Certificate of

□\$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.

of Conversion is:

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate **BMK AUTO SOLUTIONS LLC** L14000006 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.) first organized, formed or incorporated under the laws of FLORIDA (Enter state, or if a non-U.S. entity, the name of the country) 06/01/2014 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: BMK AUTO SALE SOLUTIONS 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.)

Signed	l this 31st	day of	MARCH		, 2015		
Requi	red Signatur	e for Flori	da Profit	Corporat	<u>ion:</u>		
Signat been se	ure of Chairm elected, an Inc	an, Vice C corporator:	hairman I	Director, C	Officer, or, if Directors or Officer	s have	not
Printed	d Namestaly	corrac	alco	Title:	PRESIDENT		
signatu	re(s).]	(s) on beha	lf of Othe	r Business	Entity: [See below for required		APR-2 PH
Signati	ure:						
		BARACALDO)		Title: MANAGER		÷:
Cianati		1				提	32
Printed	Name: SERA	OD DUBON			Title: COMPTROLLER		•
							•
Signati	are:						
Printed	Name:			,	Title:		•
							•
Signati	ure:						
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Signati	ure:						
Printed	Name:				Title:	·	
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Signatu	ure:			_			
					_ Title:		
	ida General P are of one Gen			ed Liabilit	y Partnership:		
If Flor	ida Limitad D	artnarchin	an Limita	d Liabilit	v Limited Partnership:		
	ires of ALL G			<u>u Liabiiu</u>	<u> V Limited Farthership:</u>		
	ida Limited L ure of a Membe			esentative			
All oth Signatu	ers: ire of an autho	rized person	n.				
Fees:	Certificate of Fees for Flori Certified Cop	ida Articles by:		ooration:	\$35.00 \$70.00 \$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	I PRINCIPAL OFFICE	`~ 		
The principal	place of business/mailing address is:			
	Principal street address	Mailing address, if different is: 1		
18683	SW 103 CT.			
MIAMI	, FL 33157			
ARTICLE II The purpose	II PURPOSE for which the corporation is organized is:			
AUTO	SALES			
ARTICLE I	V SHARES of shares of stock is: 100			
	is stated of stock is.			
ARTICLE 1	V INITIAL OFFICERS AND/OR DE	RECTORS		
ARTICLE 1				
ARTICLE I	V INITIAL OFFICERS AND/OR DE	Name and Title: GERARDO DUBON / VICE PRESIDEN		
ARTICLE I	V INITIAL OFFICERS AND/OR DI tle: JOSE BARACALDO / PRESIDENT	Name and Title: GERARDO DUBON / VICE PRESIDENT		
ARTICLE Name and Tit	INITIAL OFFICERS AND/OR DE tle: JOSE BARACALDO / PRESIDENT 18683 SW 103 CT. MIAMI, FL 33157	Name and Title: GERARDO DUBON / VICE PRESIDENT 18683 SW 103 CT MIAMI, FL 33157		
ARTICLE Name and Tit Address:	INITIAL OFFICERS AND/OR DE tle: JOSE BARACALDO / PRESIDENT 18683 SW 103 CT. MIAMI, FL 33157	Name and Title: GERARDO DUBON / MCE PRESIDENT 18683 SW 103 CT MIAMI, FL 33157 Name and Title:		
ARTICLE Name and Tit Address:	JOSE BARACALDO / PRESIDENT 18683 SW 103 CT. MIAMI, FL 33157 RAUL BARACALDO / DIRECTOR	Name and Title: GERARDO DUBON / MCE PRESIDENT 18683 SW 103 CT MIAMI, FL 33157		
ARTICLE Name and Tit Address: Name and Tit Address:	INITIAL OFFICERS AND/OR DEL JOSE BARACALDO / PRESIDENT 18683 SW 103 CT. MIAMI, FL 33157 RAUL BARACALDO / DIRECTOR 18683 SW 103 CT.	Name and Title: Address: Address: GERARDO DUBON / MCE PRESIDENT 18683 SW 103 CT MIAMI, FL 33157 Name and Title: Address:		
ARTICLE Name and Tit Address: Name and Tit Address:	INITIAL OFFICERS AND/OR DE JOSE BARACALDO / PRESIDENT 18683 SW 103 CT. MIAMI, FL 33157 RAUL BARACALDO / DIRECTOR 18683 SW 103 CT. MIAMI, FL 33157	Name and Title: Address: Address: GERARDO DUBON / MCE PRESIDENT 18683 SW 103 CT MIAMI, FL 33157 Name and Title: Address:		
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ARTICLE Name and Tit Address: Name and Tit Address: Name and Tit Address:	INITIAL OFFICERS AND/OR DEL JOSE BARACALDO / PRESIDENT 18683 SW 103 CT. MIAMI, FL 33157 RAUL BARACALDO / DIRECTOR 18683 SW 103 CT. MIAMI, FL 33157 tle: REGISTERED AGENT	Name and Title: Address: Address: MIAMI, FL 33157 Name and Title: Address: Name and Title: Address:		
ARTICLE Name and Tit Address: Name and Tit Address: Address: ARTICLE V The name and	INITIAL OFFICERS AND/OR DEL JOSE BARACALDO / PRESIDENT 18683 SW 103 CT. MIAMI, FL 33157 RAUL BARACALDO / DIRECTOR 18683 SW 103 CT. MIAMI, FL 33157	Name and Title: Address: Address: MIAMI, FL 33157 Name and Title: Address: Name and Title: Address:		

The name	and address of the Incorporator is:		
Name:	JOSE BARACALDO	7 kg	1 5
Address:	9715 THANKSGIVING DR.	**************************************	A PR
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designated capacity (l in this certificate, I am familiar with and accept the app	ointment as registered agent and agree t	
<u>-</u>	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herein in a document to the Department of State constitutes a th		
<u>_</u>		03/31/2015	
	Required Signature/Incorporator	Date	

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