

PI5000031610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

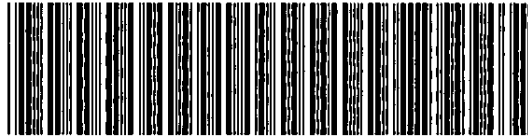
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/15--01040--017 **113.75

FILED
15 APR -7 AM 11:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WIS-8161

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: XCLUSIVE IMAGINATIONS 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:

EDWIN A MORALES

Contact Person

XCLUSIVE IMAGINATIONS

Firm/Company

2167 ORINOCO DR. STE.124

Address

ORLANDO, FL 32837

City, State and Zip Code

SONIASTAX-TRAVEL@HOTMAIL.COM

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

For further information concerning this matter, please call:

JESSIKA PHITHS

Name of Contact Person

at (407) 847-4700

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

February 4, 2015

EDWIN A MORALES
2167 ORINOCO DR STE 124
ORLANDO, FL 32837

SUBJECT: XCLUSIVE IMAGINATIONS INC
Ref. Number: W15000008161

RECEIVED
15 MAR -2 PM 2:54
FBI - TAMPA

We have received your document for XCLUSIVE IMAGINATIONS INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The Certificate of Conversion must be signed by an authorized person.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 115A00002309



15 APR -7 AM 10:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2015

EDWIN A MORALES
2167 ORINOCO DR STE 124
ORLANDO, FL 32837

SUBJECT: XCLUSIVE IMAGINATIONS INC
Ref. Number: W15000008161

We have received your document for XCLUSIVE IMAGINATIONS INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

GAAS
Jessica A Fason
Regulatory Specialist II

Letter Number: 115A00002309

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:

Xclusive Imaginations LLC

LA000890019

Enter Name of Other Business Entity

LLC

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)

06/04/2014

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Xclusive Imaginations, 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.)

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 04-15-2011 BY 60322

15 APR -7 AM 11:28

FILED


Signed this 14 day of January, 2015.

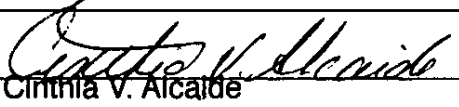
Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: Edwin A. Morales Title: MGR

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

Signature: 
Printed Name: Edwin A. Morales Title: MGR

Signature: 
Printed Name: Cynthia V. Alcala Title: MGR

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 Xclusive Imaginations, Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
2167 Orinoco Dr, Suite 124
Orlando, FL 32837

Mailing address, if different is:
2167 Orinoco Dr. Suite 124
Orlando, FL. 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edwin A. Morales/ MGR

Address: 12809 Spurrier Ln
Orlando, FL 32824

Name and Title: _____

Address: _____

Name and Title: Cinthia V. Alcaide/ MGR

Address: 12809 Spurrier Ln
Orlando, FL 32824

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Cinthia V. Alcaide

Address: 12809 Spurrier Ln
Orlando, FI 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

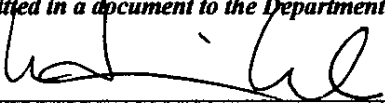
Name: Edwin A. Morales
Address: 12809 Spurrier Ln
Orlando, FL 32824

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

01.21.15
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

01.21.15
Date

FILED
15 APR -7 AM 11:24
TALLAHASSEE FLORIDA