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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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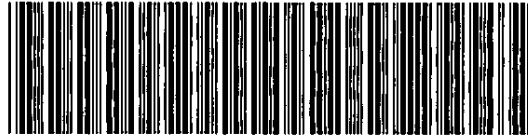
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 APR - 7 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

VH

# CONVERSION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DISTRIBUIDORA IZARCA CA LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIDIA FERNANDEZ

Name of Person

FASTKIT CORP.

Firm/Company

11250 NW 25 ST SUITE 100

Address

MIAMI, FL 33172

City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 305 ) 599-0839  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

DISTRIBUIDORA ISARCA CA LLC (L15-38841)

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 02/27/2015  
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:

MIAMI FLORIDA

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

DISTRIBUIDORA ISARCA, 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.)

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AND  
FILED

Signed this 01 day of APRIL, 2015 15 APR -7 PM 1:16

**Required Signature for Florida Profit Corporation:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Printed Name: LUIS RAFAEL ORAMAS DELGADO Title: President

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

Signature: [Signature]  
Printed Name: LUIS RAFAEL ORAMAS DELGADO Title: REGISTERED AGENT Member

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.

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AND  
FILED

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: DISTRIBUIDORA ISARCA, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1200 PEREGRINE WAY

1200 PEREGRINE WAY

WESTON FLORIDA 33327

WESTON FLORIDA 33327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE IN EXPORT AND IMPORT OF ELECTRICAL AND ELECTRONIC EQUIPMENT AND AUTO PARTS IN GENERAL OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Name: LUIS RAFAEL ORAMAS DELGADO  
PRESIDENT

Address: 1200 PEREGRINE WAY  
WESTON, FL 33327

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: LUIS RAFAEL ORAMAS DELGADO  
Address: 1200 PEREGRINE WAY  
WESTON, FL 33327


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUIS RAFAEL ORAMAS DELGADO - 1000 SHARES  
Address: 1200 PEREGRINE WAY  
WESTON, FL 33327

\*\*\*\*\*

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

04/01/2015

\_\_\_\_\_  
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

04/01/2015

\_\_\_\_\_  
Date