

PI5000040249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

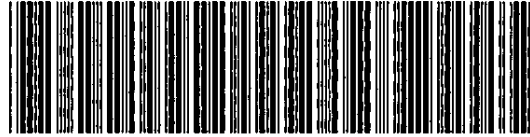
(Business Entity Name)

(Document Number)

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

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FILED  
15 MAY -5 AM 8:05  
TALLAHASSEE, FLORIDA

WIS-17538

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** ENTERPRISE SOLUTIONS INVESTMENT 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:

Julia Greenberg-Aguilar

Contact Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City, State and Zip Code

esinv@outlook.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at (877) 330-2677

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2015

JULIA GREENBERG-AGUILAR  
1 RADISSON PLAZA STE 800  
NEW ROCHELLE, NY 10801

SUBJECT: ENTERPRISE SOLUTIONS INVESTMENT INC.  
Ref. Number: W15000017538

RECEIVED  
MAR 12 2015

15 MAR 31 PM 4:29

We have received your document for ENTERPRISE SOLUTIONS INVESTMENT 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 Certificate of Conversion must be signed by an authorized person.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 215A00005009

**COVER LETTER**

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Division of Corporations

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Area Code and Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2015

JULIA GREENBERG-AGUILAR  
1 RADISSON PLAZA STE 800  
NEW ROCHELLE, NY 10801

SUBJECT: ENTERPRISE SOLUTIONS INVESTMENT INC.  
Ref. Number: W15000017538

We have received your document for ENTERPRISE SOLUTIONS INVESTMENT 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):

You failed to make the correction(s) requested in our previous letter.

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Letter Number: 215A00005009

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**MAILING ADDRESS:**

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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:

**ENTERPRISE SOLUTIONS INVESTMENT, 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 **07/07/2014**

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:

**ENTERPRISE SOLUTIONS INVESTMENT 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.)

15 MAY -5 AM 8:05

FILED

Signed this 3rd day of February, 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: [Signature]

Printed Name: Kimberly Craven Title: President

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

Signature: [Signature]  
Printed Name: KIMBERLY CRAVEN Title: MGR

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: ENTERPRISE SOLUTIONS INVESTMENT INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7958 PINES BOULEVARD, #239

7958 PINES BOULEVARD, #239

PEMBROKE PINES, FL 33024

PEMBROKE PINES, FL 33024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Administrative services (any and all lawful business).

**ARTICLE IV SHARES 5000**

The number of shares of stock is: 5000

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

Name and Title: KIMBERLY CRAVEN - PRESIDENT

Name and Title: KIMBERLY CRAVEN - TREASURER

Address: 6621 SCOTT STREET  
HOLLYWOOD, FL 33024

Address: 6621 SCOTT STREET  
HOLLYWOOD, FL 33024

Name and Title: KIMBERLY CRAVEN - VICEPRESIDENT

Name and Title: \_\_\_\_\_

Address: 6621 SCOTT STREET  
HOLLYWOOD, FL 33024

Address: \_\_\_\_\_

Name and Title: KIMBERLY CRAVEN - SECRETARY

Name and Title: \_\_\_\_\_

Address: 6621 SCOTT STREET  
HOLLYWOOD, FL 33024

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: KIMBERLY CRAVEN

Address: 6621 SCOTT STREET  
HOLLYWOOD, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: MyUSACorporation.com  
Address: 1 Radisson Plaza, Suite 800  
New Rochelle, NY 10801

\*\*\*\*\*


*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

03/03/2015

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

STATE OF FLORIDA  
TALLAHASSEE

15 MAY -5 AM 8:05

FILED