P15000053an6

(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:



100274040441

06/16/15--01021--013 **113.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

COVER LETTER

TO: Charter Section Division of Cor				
SUBJECT:	Express	iens USA		
	Name of	Resulting Florida Profit (Corporation	
		of Incorporation, and fe cordance with s. 607.111	es are submitted to convert an '5, F.S.	"Other Business
Please return all corresp	ondence concerning this	matter to:		
Alexav	Contact Person			
Expri	ssliens USA Firm/Company	LLC		
1130 S. Pow	erline Road Address			
Deerfield B	each, FL, 3344 City, State and Zip Code			
Supp	ort @ expresslice	is. com		
	concerning this matter,	please call:		
Alexander Po			5-2483	
Name of Co	ontact Person	Area Code and	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
□ \$105.00 Filing Fees	13.75 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		New F Divisio P. O. E	ING ADDRESS: illings Section on of Corporations sox 6327 assee, FL 32314	

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 Conve	ersion is:	
, , , , , , , , , , , , , , , , , , , ,	•	
Enter Name of Other Business Entity		
2. The "Other Business Entity" is a <u>limited Liability Company</u> (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		
first arganized formed or incompared under the laws of Florida	ज	SEI
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)	15 JUN 16 PM	CAHA
on 5/5/2015	5	SS
on	PX	EE. FE
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 o organized, formed or incorporated:	f which it	is made
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>		
Expressliens USA		
Enter Name of Florida Profit Corporation		
5. If not effective on the date of filing, enter the effective date: 6/15/2015 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is find Department of State; AND 2) must be the same as the effective date listed in the attached Articles if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of	s of Incor	poration,
listed as the document's effective date on the Department of State's records	**************************************	0.00

Signed this 12 day of June , 20 15.					
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: Alex Pokorny Title: Marager					
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature:					
Printed Name: Alexander Pokorny Title: Manager					
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 II PRINCIPAL OFFICE The principal place of business/mailing address is: Principal street address Principal street address Principal street address Mailing address, if different is: 1130 South Powerline Road Described Beach, Ft., 33442 ARTICLE III PURPOSE The purpose for which the corporation is organized is: More suitable for our business needs, and Our every day operations. ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alex Pokorny / Manager Address: Boca laton, Ft., 33487 Name and Title: Address: Address: Name and Title: Address:	The name of the corporation shall be: Expressi	ens USA Inc.
ARTICLE IV SHARES The number of shares of stock is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Address: Name and Title: Name and Title: Address: Name and Title:		
Deerfield Beach, FL, 33412 ARTICLE III PURPOSE The purpose for which the corporation is organized is: More suitable for our business needs, and Our every day operations. ARTICLE IV SHARES The number of shares of stock is: The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alex Pokarny Manager Name and Title: Address: Boca Caton, FL, 33487 Name and Title: Name and Title: Address: Address: Address: Name and Title: Name and Title: Address: Name and Title: Name and Title:		Mailing address, if different is:
The purpose for which the corporation is organized is: More suitable for our business needs, and Our every day operations. ARTICLE IV SHARES The number of shares of stock is: Howard ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alex Pokorny / Manager Name and Title: Address: Boca Raton, FL, 33467 Name and Title: Name and Title: Address: Address: Address: Name and Title:	^	
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alex Pokorny / Manager Name and Title: Address: Soca Raton, FL, 33487 Name and Title: Name and Title: Address: Address: Address: Address: Name and Title:		
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alex Pokorny / Manager Name and Title: Address: Soca Raton, FL, 33487 Name and Title: Name and Title: Address: Address: Address: Address: Name and Title:	More suitable for our	business needs, and
ARTICLE IV SHARES The number of shares of stock is:		- -
ARTICLE IV SHARES The number of shares of stock is:		
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alex Pokorny / Manager Name and Title: Address:		<u></u>
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alex Pokorny / Manager Name and Title: Address:		
Name and Title: Alex Pokorny / Manager Name and Title:		57
Name and Title: Alex Pokorny / Manager Name and Title:		
Name and Title: Alex Pokorny / Manager Name and Title: Address: 159 Oregon Lanc Address: Boca Raton , FL , 33487 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name a	ARTICLE IV SHARES The number of shares of stock is:	x
Address:	ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: Name and Title: Address: Name and Title: Name and Title: Name and Title:	Name and Title: Alex Pokorny / Manager	Name and Title:
Name and Title: Address: Name and Title: Name and Title: Name and Title: Name and Title:	Address: 159 Oregon Lane	Address:
Address: Address: Name and Title: Name and Title:		
Name and Title: Name and Title:	Name and Title:	Name and Title:
	Address:	Address:
Address: Address:		
	Name and Title:	Name and Title:

	LE VI REGISTERED AGENT			
The name	e and Florida street address (P.O. Box NOT acce	eptable) of the registered	agent is:	
Name:	Alexander Pokerny			
Address:	159 Oregon Lane			
	Boca Raton, FL, 33487			
	LE VII INCORPORATOR e and address of the Incorporator is:		•	
	Alexander Pokorny			
	159 Oregon Lane			
	Boca Raton, FL, 33187			

—	Required Signature/Registered Agent		Julia agree to act in inis capac Date	иу
	this document and affirm that the facts stated her t to the Depa rtment o f State constitutes a third deg			submitted in a
(Our fair		0/12/15	
	Required Signature/Incorporator		, / Date	