

P15000064091

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(Business Entity Name)

(Document Number)

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2015 JUL 27 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 30 2015

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** EL AUTOBUS, 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:

KATHLEEN LAX

\_\_\_\_\_  
Contact Person

SALVER & COOK, LLP

\_\_\_\_\_  
Firm/Company

2721 EXECUTIVE PARK DRIVE, SUITE 4

\_\_\_\_\_  
Address

WESTON, FL 33331

\_\_\_\_\_  
City, State and Zip Code

K.LAX@PSCCPAS.COM

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

For further information concerning this matter, please call:

KATHLEEN LAX

at ( 954 ) 389-1333

\_\_\_\_\_  
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    ☐ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees,  
and Certificate of                      and Certified Copy                      Certified Copy, and  
Status    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**

**FILED**  
2015 JUL 27 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

EL AUTOBUS, INC.

Enter Name of Other Business Entity

CORPORATION

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 \_\_\_\_\_ TEXAS  
(Enter state, or if a non-U.S. entity, the name of the country)

on 5-7-2007  
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**:

EL AUTOBUS, 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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

X Signed this 23 day of July, 20 15.

**Required Signature for Florida Profit Corporation:**

X Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]  
Printed Name: ROBERTO FONFRIA Title: PRESIDENT

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

Signature: [Signature]

Printed Name: SIMÓN DE FRANCO Title: VICE PRESIDENT

Signature: [Signature]

Printed Name: EMILIO R. FONFRIA Title: SECRETARY

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: EL AUTOBUS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

2750 NW 3RD AVENUE

SUITE 8

MIAMI, FL 33127

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MULTI-MEDIA, ADVERTISING AND PROMOTIONAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: ROBERTO FONFRIA, PRESIDENT

Address: 9008 SW 161ST TERRACE

PALMETTO BAY, FL 33157

Name and Title: SIMON DE FRANCA, VP

Address: 1290 98TH STREET

BAY HARBOR ISLANDS, FL 33154

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

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

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

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

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

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

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

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

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SECRETARY OF STATE

**ARTICLE VI REGISTERED AGENT**

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

Name: ROBERTO FONFRIA  
Address: 2750 NW 3RD AVE., SUITE 8  
MIAMI, FL 33127

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERTO FONFRIA  
Address: 2750 NW 3RD AVE., SUITE 8  
MIAMI, FL 33127

\*\*\*\*\*

*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*

X [Signature]  
Required Signature/Registered Agent

X 7/23/15  
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.*

X [Signature]  
Required Signature/Incorporator

X 7/23/15  
Date