

P15000062139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

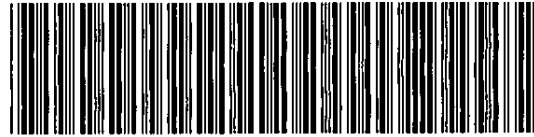
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/1/15-22

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: PAPILLON MOVING 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:

JULIO R PAPILLON

Contact Person

PAPILLON MOVING

Firm/Company

20340 NE 15TH CT #212

Address

MIAMI FL 33179

City, State and Zip Code

PAPILLONMOVING@YAHOO.COM

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

For further information concerning this matter, please call:

JULIO R PAPILLON

at (786) 356-8582

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

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:
PAPILLON MOVING 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 01/27/2010
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 organized, formed or incorporated:
FLORIDA

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

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 08/06/2015
(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.

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
15 AUG -6 PM 2:43

Signed this 08 day of 06, 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: JULIO R PAPILLON

Printed Name: JULIO R PAPILLON Title: Chairman

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

Signature: 

Printed Name: JULIO R PAPILLON Title: Chairman

Signature: 

Printed Name: EMMANIELA E PAPILLON Title: Vice Chairman

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: PAPILLON MOVING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

20340 NE 15TH CT #212

MIAMI FL 33179

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Carry Household Goods to be Relocated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

~~Name and Title:~~ JULIO R PAPILLON, CHAIRMAN

Address: 20340 NE 15TH CT #212

MIAMI FL 33179

~~Name and Title:~~ EMMANIELA PAPILLON, VICE CHAIR

Address: 20340 NE 15TH CT #212

MIAMI FL 33179

Name and Title: _____

Address: _____

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: EMMANIELA PAPILLON
Address: 20340 NE 15TH CT #212
MIAMI FL 33179


ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: JULIO R PAPILLON
Address: 20340 NE 15TH CT #212
MIAMI FL 33179

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

 08/06/15
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

 08/06/15
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2015

JULIO PAPILLON
20340 NE 15TH CT. #212
MIAMI, FL 33179

RECEIVED AUG 10 2015

SUBJECT: PAPILLON MOVING INC
Ref. Number: W15000044573

We have received your document for PAPILLON MOVING INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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-~~5552~~

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 715A00013688

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