# P/5000068702

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	э)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	



400275607924

08/03/15--01018--025 \*\*113.75

DIVISION OF CORPORATIONS
OF CORPORATIONS
OF AM 9: 33

Office Use Only

W15-052642

~ 08/18/15



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2015

MABEL ROMANIUK 1689 N.E. 123RD ST. NORTH MIAMI, FL 33181

SUBJECT: DPI INTERNATIONAL INC

Ref. Number: W15000052642

We have received your document for DPI INTERNATIONAL 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 Business Name listed on Line #1 of the "Certificate of Conversion" must be identical to the listing in our records; including the Suffix.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 815A00016433

www.sunbiz.org

Division of Corporations P.O. BOY 6397 Tallahassas Florida 39314

### **COVER LETTER**

TO:	Charter Section Division of Co.	· <del>-</del>				
SUBJI	DPI INTER	NATIONAL INC				
SUDJI	EC1	Name of	Resulting Florid	da Profit	Corporation	
		te of Conversion, Article Profit Corporation" in ac			Sees are submitted to convert an "Other But 15, F.S.	usiness
Please	return all corresp	pondence concerning this	s matter to:			
MABE	L ROMANIUK					
		Contact Person		<del></del>		
MABE	L ROMANIUK &	: ASSOCIATES PA				
		Firm/Company		<del></del>		
1689 N	E 123RD ST					
		Address				
NORTI	H MIAMI FL 331	81				
		City, State and Zip Code	2			
MABE	LROMANIUK@I	BELLSOUTH.NET				
Е	-mail address: (t	o be used for future annu	al report notific	cation)		
For fur	ther information	concerning this matter,	please call:			
MABE	L ROMANIUK		at ( 305	893-2	669	
	Name of Co	ontact Person	Area (	Code and	d Daytime Telephone Number	
Enclos	ed is a check for	the following amount:				
□ \$105	5.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified 0		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Fi Divisio Clifton 2661 E	ET ADDRESS: ilings Section on of Corporation Building xecutive Center assee, FL 32301	Circle		New F Division P. O. E	LING ADDRESS: Cilings Section on of Corporations Box 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 Busines	s Entity" immediately prior to the filing of this Certificate	of Conversion is:
DEL PLATA IMPORT LLC.		
(L14-027095)	Enter Name of Other Business Entity	<u></u> .
2. The "Other Business Entity" is a	LIMITED LIABILITY COMPANY	
(Enter entity	type. Example: limited liability company, limited partnership, common law or business trust, etc.)	ership,
first organized, formed or incorpora	ated under the laws of FLORIDA	
02/17/14	er state, or if a non-U.S. entity, the name of the country)	
Enter date "O	other Business Entity" was first organized, formed or incompanies	porated
organized, formed or incorporated:	Business Entity" was changed, the state or country under t	the laws of which it is now
	Corporation as set forth in the attached Articles of Incorp	oration:
	Enter Name of Florida Profit Corporation	<del></del> .
5. If not effective on the date of file	ing, enter the effective date:	
Department of State; AND 2) mu if an effective date is listed thereis Note: If the date inserted in this ble	prior to nor more than 90 days after the date this docu st be the same as the effective date listed in the attache	ents, this date will not be
	Page 1 of 2	FILED FOR TARY OF SION OF CORPO
		orali 1 9: 1

Signed this	<u> </u>	day of	June	.200/ J	
			4 Profit Cornora		
Signature of (	Chairma	n, Vice Cha	irman. Director.	Officer, or, if Directors or Officers have not been	n selected, an
Incorporator:	_7				
Primed Name		shriner?	figurde Title:	3:33:	
		alon benal	f of Other Busi	ness Entity: [See below for required signature(s	).}
Signature: _		The same	<b>\</b>		
Printed Name		Tak iga	Romano	Title,	
Signature:	(John	616			
Printed Name	. Paulo	Trelles		Title:	
Signature: _	5	mp (3	4		
Printed Name	e: <u>S</u> ;	antiago Gay	9	Title:	
Signature: 🚅				والمعاونة والمعا	
Printed Name	e: Mau	ncio Lopres	<b>&gt;</b>	l'itle	
Signature:		ant.		arrows arrows already to the security and the security with the security of th	
Printed Name	e:And	res Lopresti		Tinle.	
Signature: _				tallings demonstrated to the particular particular particular and the first despite and the first registering reportings.	
Printed Nam	e:	<del></del>	<del></del>	litte:	
If Florida G Signature of				bility Partnership:	
If Florida L. Signatures o				bility Limited Partnership;	
If Florida L Signature of			<u>mpany;</u> rized Representa	at <sub>t</sub> ve.	
All others: Signature of	สถ สเเกษ	orized perso	n.		
Fees:					

DIVISION OF CORPORALION

Page 2 of 2

\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status;

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

<u>ARTICLE II                                   </u>					
The principal place of bus	ICIPAL OFFICE iness/mailing address is:				
	I street address		1	Mailing address, if different is:	
DORAL FL 33172		<u> </u>	AME		
		_			
ARTICLE III PURI	POSE				<b>15</b>
	e corporation is organized is:				15 AUG 1 L AM 9: 38
		· · · · · · · · · · · · · · · · · · ·			2
		,			<del></del> •
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	· · · · · · · · · · · · · · · · · · ·				
ARTICLE IV SHAR					
The number of shares of s	tock is: _/000				
The number of shares of sh	tock is: <u>  1000</u> AL OFFICERS AND/OR DIR	·		MAURICIO LOPRESTI (DIREC'	—- ГОR)
The number of shares of some and Title:    MARIAN   10505 NW	tock is: <u>    000</u>   AL OFFICERS AND/OR DIR   IO ROMANO (DIRECTOR)	Name and	d Title:	MAURICIO LOPRESTI (DIREC	TOR)
The number of shares of starticle V INITIA  Name and Title:  MARIAN  Address:	tock is: <u>    000</u>   AL OFFICERS AND/OR DIR   IO ROMANO (DIRECTOR)   V 29 TERR	·	d Title:	10505 NW 29 TERR	TOR)
The number of shares of starting the number of shares of starting the shares of starting the shares of starting the shares of starting the shares of shares	tock is: <u>  1000</u> AL OFFICERS AND/OR DIR  IO ROMANO (DIRECTOR)  V 29 TERR  FL 33172	Name and	d Title:	10505 NW 29 TERR  DORAL FL 33172	
The number of shares of starting and Title:  MARIAN  MARIAN  10505 NW  DORAL  Name and Title:  PAULO T	tock is:	Name and	d Title: - d Title:	10505 NW 29 TERR  DORAL FL 33172  ANDRES LOPRESTI (DIRECTO	
The number of shares of startice v initia  Name and Title: MARIAN  Address: DORAL  Name and Title: PAULO T	tock is: <u>  1000</u> AL OFFICERS AND/OR DIR  IO ROMANO (DIRECTOR)  V 29 TERR  FL 33172	Name and	d Title: - d Title:	10505 NW 29 TERR  DORAL FL 33172  ANDRES LOPRESTI (DIRECTO	
The number of shares of startice v initia  Name and Title: MARIAN  Address: DORAL  Name and Title: PAULO T	tock is:	Name and Address:  Name and	d Title: - - d Title: -	10505 NW 29 TERR  DORAL FL 33172  ANDRES LOPRESTI (DIRECTO	
The number of shares of starts of starts.  ARTICLE V INITIA  Name and Title: MARIAN  10505 NW  DORAL  Name and Title: PAULO T  10505 NW  DORAL I  Name and Title: SANTIAG	tock is:	Name and Address:  Name and Address:	d Title: - d Title: -	10505 NW 29 TERR  DORAL FL 33172  ANDRES LOPRESTI (DIRECTO 10505 NW 29 TERR  DORAL FL 33172	OR)
The number of shares of start and Title:  Address:  DORAL  Name and Title:  PAULO T  Address:  DORAL I  Name and Title:  SANTIAC	tock is:	Name and Address:  Name and Address:	d Title:	10505 NW 29 TERR  DORAL FL 33172  ANDRES LOPRESTI (DIRECTO 10505 NW 29 TERR	OR)

	<u>E VI REGISTERED AGENT</u>		
The <u>name</u>	and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	MARIANO ROMANO		
Address:	10505 NW 29 TERR		
	DORAL FL 33172		
<u>ARTICL</u>	· · · · · · · · · · · · · · · · · · ·		
The <u>name</u>	e and address of the Incorporator is:		
Name:	MARIANO ROMANO		
Address:	10505 NW 29 TERR		
	DORAL FL 33172		
	een named as registered agent to accept service of pricate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated as registered agent and agree to act in this capacity	! ir
	tund	7/28/15	
	Required Signature/Registered Agent	Date	
I submit t	his document and affirm that the facts stated herein	are true. I am aware that any false information submitted in	n c
document	to the Department of State constitutes a third degree	e felony as provided for in s.817.155, F.S.	
	Juny 1	7/28/15	
	Required Signature/Incorporator	' Date	
	1		

SECRETARY OF STATE OF VISION OF CORPORATIONS

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