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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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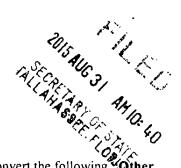
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COVER LETTER

TO: Charter Section Division of Co	rporations		_	
SUBJECT: MK	IZ LLC A	Resulting Florida Profit	8 Lives In Corporation	C
	e of Conversion, Article: Profit Corporation" in ac		ees are submitted to conve	rt an "Other Business
Please return all corresp	pondence concerning this	s matter to:		
MAX	TZG U Contact Person	rerdo		
	Firm/Company			
	//27 / Address	sel prados	Blud. 8#	<u></u>
Cape Cox	City, State and Zip Code	33990		
E-mail address: (t	d Jules D Yah o be used for future annu	so. Com all report notification)		
	concerning this matter,	•		
Name of Co	ontact Person	at (305) 3 Area Code and	32-6983 d Daytime Telephone Num	ıber
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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		New F Division P. O. I	ING ADDRESS: Filings 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 Business Entity" immediately prior to the filing of this Certificate of Conversion is:
MKIZ LLC
Enter Name of Other Business Entity
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
(Enter state, or if a non-U.S. entity, the name of the country)
on 9/19/14 . Enter date "Other Business Entity" was first organized, formed or incorporated
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 <u>attached Articles of Incorporation</u> :
Kreips & Juices Inc. Enter Name of Florida Profit Corporation
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.

1					
Signed this 21 day of Avg uist , 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: MAX Traverd Title: President					
Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]					
Signature: 1					
Printed Name: MAX Pravilerdo Title: Mgr					
Signature:					
Printed Name: Karely Jaguie du Title: Mgy-					
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)

The name of the corporation shall be:	ips 8 Julies, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	•
Principal street address Solve Cope Coral FL 33990	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	2015 AUG 31 SECRETARY FALL AHASSE
	AH 10: 40
ARTICLE IV SHARES The number of shares of stock is:/OO	
Name and Title: MAX Trquierde	/// .aaaaa
Address: 1421 SW 9 AVR Cape Coral FL 33990	Address:
Name and Title:	
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: MAX Izquierdo
Address: 1421 SW 9 AVA
Cape Gral F/ 33990
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: MAX Izquierdo Address: 1421 SW 9 AVR Cyce Coral PC 33990
Address: 1421 3W 9 AVL
Cyce Coral FC 33990

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 familigr with and accept the appointment as registered agent and agree to act in this capacity
9/2:/15
Required Signature/Registered Agent 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.
9/21/15
Required Signature/Incorporator Date