

P15000074056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

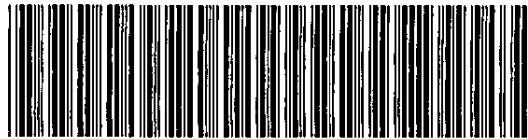
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Blum SEP 11 2015

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ASSET MANAGEMENT UNLIMITED, LLC

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:

Julia Greenberg-Aguilar

Contact Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City, State and Zip Code

paola_lazid@yahoo.ca

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at (**877**) **330-2677**

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
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 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:

ASSET MANAGEMENT UNLIMITED, 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 **03/23/2015**
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:**

SOLENI REAL ESTATE SOLUTIONS 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.)

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TALLAHASSEE, FLORIDA

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Signed this 13th day of August, 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:

Printed Name: PIERRE GAGNON Title: CEO

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

Signature: [Signature]
Printed Name: PIERRE GAGNON Title: MGR

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)

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TALLAHASSEE, FLORIDA

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: SOLENI REAL ESTATE SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address	Mailing address, if different is:
75 N WOODWARD AVENUE, #87437	75 N WOODWARD AVENUE, #87437
TALLAHASSEE, FL 32313	TALLAHASSEE, FL 32313

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Real Estate Asset Purchasing

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 1
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PIERRE GAGNON - PRESIDENT</u> Address: <u>75 N WOODWARD AVENUE, #87437</u> <u>TALLAHASSEE, FL 32313</u>	Name and Title: <u>RENZA LAZZAROTTO - TREASURER</u> Address: <u>75 N WOODWARD AVENUE, #87437</u> <u>TALLAHASSEE, FL 32313</u>
Name and Title: <u>RENZA LAZZAROTTO - VICE PRESIDENT</u> Address: <u>75 N WOODWARD AVENUE, #87437</u> <u>TALLAHASSEE, FL 32313</u>	Name and Title: <u>PAOLA LAZZAROTTO - VICE PRESIDENT</u> Address: <u>75 N WOODWARD AVENUE, #87437</u> <u>TALLAHASSEE, FL 32313</u>
Name and Title: <u>PAOLA LAZZAROTTO- SECRETARY</u> Address: <u>75 N WOODWARD AVENUE, #87437</u> <u>TALLAHASSEE, FL 32313</u>	Name and Title: _____ Address: _____ _____

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

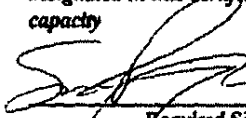
Name: Incorp Services, Inc
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: MyUSAcorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801

.....
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

 on behalf of Inc'r services, inc 08/24/2015
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.

 8/26/2015
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA