## P15000080196

(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:
L09 00-0049409





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08/19/15--01022--008 \*\*105.00

2815 SEP 25 PH 2: 49

#### **COVER LETTER**

TO: Charter Section Division of C			
	E Investme	nts Inc	
SUBJECT:		ng Florida Profit Corporatio	on
	-	-	, and fees are submitted to tion" in accordance with s.
Please return all corr	espondence concernin	g this matter to:	
April Monde	elli		
•	Contact Person		
April E Inve	estments, Inc	D	
2400 W Cyp	ress Creek R	d #101	
	Address  rdale, FL 33  City, State and Zip Code	309	
aemonde 16	6@aol.com	eport notification)	
For further informati	on concerning this ma	tter, please call:	
April Monde	elli	_at (954)46	1-7887
Name of Cor	ntact Person	Area Code and Dayti	me Telephone Number
Enclosed is a check t	for the following amou	int:	
■ \$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 ADDRES New Filings Section Division of Corporat Clifton Building		MAILING A New Filings Division of C P. O. Box 63	Section Corporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2015

APRIL MONDELLI 2400 W CYPRESS CREEK RD., #101 FT. LAUDERDALE, FL 33309

SUBJECT: APRIL E INVESTMENTS, INC.

Ref. Number: W15000056934

We have received your document for APRIL E INVESTMENTS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

Please return 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.

Letter Number: 915A00018096

Carol Mustain Regulatory Specialist II

www.sunbiz.org

# Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submit		ь.
convert the following "Other Business Entity" into a Florida Profit Corporationaccordance with s. 607.1115, Florida Statutes.	n in	2015 567
1. The name of the "Other Business Entity" immediately prior to the filing of this of Conversion is:	Certific	•
April E Investments, LLC.	<u></u> )	=
Enter Name of Other Business Entity		
2. The "Other Business Entity" is a limited liability company	734-1	į,
(Enter entity type. Example: limited liability company, limited partnersh general partnership, common law or business trust, etc.)	ιip,	
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 5-20-2009		
Enter date "Other Business Entity" was first organized, formed or incorpor	ated	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or counthe laws of which it is now organized, formed or incorporated:	try unde	er
Florida		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles Incorporation:</u> April E Investments, Inc.	of	
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; <u>AND</u> 2) must be the sam effective date listed in the attached Articles of Incorporation, if an effective datherein.)	ie as the	

Signed this/Oday of June	<u></u>
Required Signature for Florida Profit Corporat	ion:
Signature of Chairman, Vice Chairman, Director Cheen selected, an Incorporator:  Printed Name: April Mondelli  Title:	Office of Afficers have no President
Required Signature(s) on behalf of Other Business signature(s).]  Signature:  Printed Name:  April Mondell:	. 0 -
Printed Name: April Mondell'	Title: Myz
Signature: Printed Name:	_ 7'itle:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature: Printed Name:	Title
Signature: Printed Name:	_ Title:
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
If Florida Limited Liebility Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

ARTICLE The name o	I NAME of the corporation shall be: April E Inv	estments, Inc.	
ARTICLE	II PRINCIPAL OFFICE al place of business/mailing address is:		
2400 W Cypress	Principal street address	Mailing address, if different is:	
Fort La	uderdale, FL 33309		
	III PURPOSE c for which the corporation is organized is:		
For a	ny lawful purpose		1
		32 5 F	1
		1 (p	4
ARTICLE The number	IV SHARES of shares of stock is:	71:	
	V INITIAL OFFICERS AND/OR D	RECTORS	
Name and	Citle: April E Mondelli, Pres	Name and Title:	
Address:	2400 W Cypress Creek Rd #101	Address:	
	Fort Lauderdale, FL 33309	<del></del>	
Name and	Title:	Name and Title:	
Address:	**	Address:	
Name and 3		Name and Title:	
Address:		Address:	
ARTICLE	VI REGISTERED AGENT nd Florida street address (P.O. Box NOT ac	ventable) of the registered agent is:	
	Joe Mondelli	espinore, or the regimerou again in	
Name:	2400 W Cypress Creek Rd #101		
Address:	Fort Lauderdale FL 33309		

The name	and address of the Incorporator is:	
Name:	April Mondelli	
Address:	2400 W Cypress Creek Rd #101	
	Fort Lauderdale, FL 33309	
		**************************************
<del></del>	Required Signature Registered Agent	6-10-15 Date
I submit this document and affirm that the facts stated herein are true. I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
Submuttu	Ogent Noue	6-10-15
	Required Signature/Incorporator	Date

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