P15000086261

(Re	equestor's Name)	<u></u>
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

W/1500062555

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FLORIDA DEPARTMENT OF STATE CREDITIONS JALLAN

September 22, 2015

RALPH PADRON PADRON & ASSOCIATES, INC. 2095 W 76TH STREET HIALEAH, FL 33016

SUBJECT: MPS MOBILE PAINT SHOPS, CORP.

Ref. Number: W15000062555

We have received your document for MPS MOBILE PAINT SHOPS, CORP. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 415A00019908

COVER LETTER

то:	Charter Section Division of Co	rporations	•	•	
CHET	RCT. MPS MOB	ILE PAINT SHOPS, CORI	٠,		
5003	EC1,	Name of	Resulting Florid	a Profit	Corporation
The er Entity	nclosed Certifica " into a "Florida	te of Conversion, Article Profit Corporation" in ac	s of Incorporation	n, and fo . 607.11	ees are submitted to convert an "Other Business 15, F.S.
Please	return all corres	pondence concerning thi	s matter to:		
RALP	H PADRON				
		Contact Person	nga ana 4 managang at at the B. Andrews Williams		
PADR	on & associa	res, inc.			
		Firm/Company			
2095 N	V 76TH STREET	•			
		Address			
HIALI	EAH, FL 33016				
		City, State and Zip Cod	e		
RALP	H@RALPHPADR	ON.COM			
E	E-mail address: (to be used for future annu	ual report notific	ation)	•
For fu	rther information	concerning this matter,	please call:		
RALP	H PADRON		at (818-0	404
	Name of C	ontact Person	Area (Code and	Daytime Telephone Number
Enclos	ed is a check for	the following amount:			
■ \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filiand Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F. Division Clifton 2661 E	ET ADDRESS: ilings Section on of Corporation Building executive Center assee, FL 32301			New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, 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:
MPS MOBILE PAINT SHOPS, LLC $-L$ 5 () 0 0 0 0 0
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
first organized, formed or incorporated under the laws of
04/13/2015 on
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:
n/a
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> :
MPS MOBILE PAINT SHOPS, CORP.
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 Florid 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.

Signed this $\frac{2}{2}$,	day of September	. 20_15	
Required Signatu	ure for Florida Profit Corporation	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Signature of Chair Incorporator: Printed Name: RI	irman, Vice Chairman, Director, Officeroor of Prest	cer, or, if Directors or Officers have not bee	n selected, an
		Entity: See below for required signature(s	
Signature:	and the same of th	MGR	
Printed Name:	CARDO ARAVENA	Title: MGR	
Signature:		nderstad despairment werden in som his fall of the state	
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	•
Signature:			
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
If Florida Genera Signature of one G	<mark>al Partnership or Limited Liability</mark> General Partner.	Partnership:	
If Florida Limited Signatures of <u>ALL</u>	d Partnership or Limited Liability General Partners.	Limited Partnership:	
	d Liability Company: mber or Authorized Representative.		
All others: Signature of an aut	thorized person.		
		\$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)

ADTICI II II DUINCIUAI CIERCE		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address 3250 NW 85TH AVENUE	Mailing address, if different is: 3250 NW 85TH AVENUE	
UNIT 10	UNIT 10	
CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.		
		
	· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHARES The number of shares of stock is:		15
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI		15 OCT
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: 3250 NW 85TH AVENUE LINET 10	RECTORS Name and Title:	15 OCT 18
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: 3250 NW 85TH AVENUE LINIT 10	RECTORS Name and Title: Address:	15 UCT -18 AM 9:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: ARAVENA, RICARDO - PSTD 3250 NW 85TH AVENUE UNIT 10 CORAL SPRINGS, FL 33065	RECTORS Name and Title: Address:	15 OCT 18 AM 9:15
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: ARAVENA, RICARDO - PSTD 3250 NW 85TH AVENUE UNIT 10 CORAL SPRINGS, FL 33065 Name and Title:	RECTORS Name and Title: Address: Name and Title:	15 OCT -18 AM 9:150
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: ARAVENA, RICARDO - PSTD 3250 NW 85TH AVENUE UNIT 10 CORAL SPRINGS, FL 33065 Name and Title:	RECTORS Name and Title: Address: Name and Title: Address:	15 OCT -18 AM 9:150

The name and Florida street address (P.O. Box NOT acceptable) of the registered agont is: Name: Address: HIALEHA, FL 33016 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ARAVENA, RICARDO AGdress: CORAL SPRINGS, FL 33065 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 familial willfulnd accept the appointment as registered agent and agree to act in this capacity O9/02/2015 Required Signature/Registered Agent Required Signature/Incorporator Date Required Signature/Incorporator Date	The name		bla) of the revisional again is:	
Name: Address: HIALEHA, FL 33016 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARAVENA, RICARDO 3250 NW 85TH AVENUE UNIT 10 CORAL SPRINGS, FL 33065 ***********************************	The <u>name</u>		ore) of the registered appear is.	
Address: HIALEHA, FL 33016 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARAVENA, RICARDO 3250 NW 85TH AVENUE UNIT 10 CORAL SPRINGS, FL 33065 ***********************************	Name:	PADRON & ASSOCIATES, INC.		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARAVENA, RICARDO Address: CORAL SPRINGS, FL 33065 ***********************************	Address:	2095 W 76TH STREET		
The name and address of the Incorporator is: Name: ARAVENA, RICARDO 3250 NW 85TH AVENUE UNIT 10 CORAL SPRINGS, FL 33065 ***********************************		HIALEHA, FL 33016		
Name: Address: Address: CORAL SPRINGS, FL 33065 ***********************************				
Address: 3250 NW-85TH AVENUE UNIT 10	i ne <u>name</u>	e and address of the incorporator is:		
Address: CORAL SPRINGS, FL 33065 ***********************************	Name:	ARAVENA, RICARDO		
**************************************	Address:	3250 NW-85TH AVENUE UNIT 10		
this certificate, I am familial withland accept the appointment as registered agent and agree to act in this capacity 09/02/2015 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. 09/02/2015		CORAL SPRINGS, FL 33065		
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.		icate, I am familiar with and accept the appointment	as registered agent and agree to act in this capacity 09/02/2015	ated in
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 09/02/2015		Required Signature/Registered Agent	Date	
Required Signature/Incorporator Date			e felony as provided for in s.817.155, F.S.	'ed in a
	1/	Required Signature/Incorporator	Date	

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