# P15000093490

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to I	Filing Officer:		
i			
W15-55	5247		

Office Use Only



900275967009

08/12/15--01008--012 \*\*25.00

10/15/15--01016--001 \*\*80.00

SECRETARY OF STATE

15 NOV 16 PM 4: 47



## **COVER LETTER**

TO: Charter Section Division of Cor				
SUBJECT:		nes Lasa Resulting Florida Profit	Corporation, Inc.	
		s of Incorporation, and fe cordance with s. 607.111	es are submitted to convert an "Otl 5, F.S.	ner Business
Please return all corresp	ondence concerning this	s matter to:		
GIS	anche?	2		
Sanch	Firm/Company	lencia		
2015	S. West   Address	and Ave		
· Tam	City, State and Zip Code	33606		
E-mail address: (to	anchezuale o be used for future anni	encialaw.c	an	
	concerning this matter,	-		
	ontact Person	at (83) Area Code and	254-1777 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



October 14, 2015

GIL SANCHEZ 201 S. WESTLAND AVE TAMPA, FL 33606

SUBJECT: JLAL ENTERPRISES, LLC

Ref. Number: W15000055247

We have received your document for JLAL ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Articles I-VI are missing.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 315A00017389

APPROVEL AND FILED

**Certificate of Conversion** 

For

"Other Business Entity"

Into

Florida Profit Corporation

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SECRETARY OF STATE FALLAHASSEE. FLORIDA

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:
JLAL Enterprises, LLC
Enter Name of Other Business Entity
Enter Name of Other Business Entity  2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
on $O6/20/15$
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> Tames Lascano, Troc.  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.

Signed this 3 day of 5	, 20_15		
Required Signature for Florida Profit Corporation:			
Signature of Chairman, Vice Chairman Director, Office Incorporator:  Printed Name: James Joseph Title:	r, or, if Directors or Officers have not been se	elected, a	n
Required Signaturers on behalf of Other Business En	ntity: [See below for required signature(s).]		
Signature:			
Printed Name: James Lascana	Title: President		
Signature:			
Printed Name:	_ Title:		
Signature:			
Printed Name:	_ Title:		
Signature:		SEC!	15 NOV
Printed Name:	_ Title:	15.55	9 V
Signature:		H H S	P R
Printed Name:	_ Title:		1:4
Signature:		Sm	÷
Printed Name:	_ Title:		
If Florida General Partnership or Limited Liability I Signature of one General Partner.	Partnership:		
If Florida Limited Partnership or Limited Liability I Signatures of <u>ALL</u> General Partners.	<u> imited Partnership:</u>		
If Florida Limited Liability 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)		

Page 2 of 2



# ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profig NOV 16 PM 4: 47

ARTICLE I	<u>NAME</u>		1	ATODOTO PAR OUT OTA
The name of the	ne corporation shall be:	James	ascano	Incsecretary of STA
ARTICLE II	PRINCIPAL OFFICE			·
	place of business/mailing address	is:		
	Principal street address		Mailing	address, if different is:
2015	Principal street address . Westland Ave			
Tama	7, FZ 3360G			
	7 12 33600			· ·
	·			
	I PURPOSE			
	or which the corporation is orga			
Any	and all lau	And bu	Siness.	
1	_			
	<del>" 1 "</del>			
ARTICLE II	V SHARES	•		
The number of	f shares of stock is:	00		1 1144 W = W W
	INITIAL OFFICERS AN		אספ	
Name and Tit	le: James Lascano	, <u>President</u> Nar	me and Title:	
Address:	201 S. Westland	d Ave. Add	dress:	
	Tampa, F2 33			
	1amps, 12 33			
Name and Tit	le:	Nar	ne and Title:	
Address:		Ado	dress:	
Name and Tit	le:	Nar	ne and Title:	
Address:			1	
Address		Add		

APPROVEL AND FILED

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Name: Gilberto E. Sanchez

201 S. Westland Ave

Tampa, FZ 33606

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SECRETARY OF STATE TALLAHASSEE FLORIDA

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Silbe

Gilberto B. Sanchez

Address:

Address:

201 S. Westland Ave.

Tampa, FZ 33606

Having been named as registered agont 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

Required Signature/Registered Agent

11/11/15 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.

Required Signature/Incorporator

1/11/1<u>></u>