

PIS 0000 96204

(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:

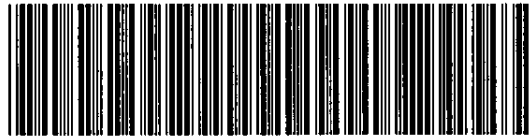
Office Use Only

T. SCOTT

DEC 03 2015

DEC 03 2015

T. SCOTT



600278586996

11/16/15--01003--013 **105.00

15 NOV 16 AM 11:52

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ACRUXA, CORP.

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:

ARMANDO M. MARTINEZ

Contact Person

DEMOS GLOBAL GROUP, INC.

Firm/Company

PO BOX 560668

Address

MIAMI, FL 33256

City, State and Zip Code

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

For further information concerning this matter, please call:

ARMANDO M. MARTINEZ

at (305) 670-0979

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of and Certified Copy Certified Copy, and
Status 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:

ACRUXA, LLC - L150000007268
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 JANUARY 13, 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:**

ACRUXA, 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 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.

15 NOV 16 AM 11:53
CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Signed this 5th day of November, 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: Juan G. Barreda Title: President/ Secretary

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

Signature: _____

Printed Name: Juan G. Barreda Title: MGR

Signature: _____

Printed Name: Patricia A. Lucero Title: MGR

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)

ARTICLE I NAME

The name of the corporation shall be: ACRUXA, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

4500 N. HIATUS RD. SUITE 202

SUNRISE, FLORIDA 33351. USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY LAWFULL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN G. BARREDA: PRESIDENT

Address: 4500 N. HIATUS ROAD. SUITE 202

SUNRISE, FLORIDA 33351. USA

Name and Title: JUAN G. BARREDA/ SECRETARY

Address: 4500 N. HIATUS ROAD. SUITE 202

SUNRISE, FLORIDA 33351. USA

Name and Title: _____

Address: _____

Name and Title: PATRICIA A. LUCERO

Address: 4500 N HIATUS ROAD SUITE 202

SUNRISE, FLORIDA 33351. USA

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

15 NOV 16 AM 11:53

ARTICLE VI REGISTERED AGENT

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

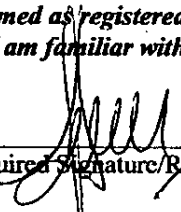
Name: PATRICIA A. LUCERO
Address: 4500 N. HIATUS ROAD, SUITE 202
SUNRISE, FLORIDA 33351

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: PATRICIA A LUCERO
Address: 4500 N. HIATUS ROAD, SUITE 202
SUNRISE, FLORIDA 33351

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

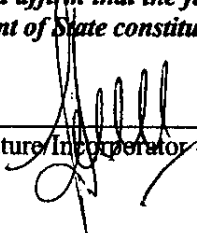


Required Signature/Registered Agent

11/5/2015

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

11/5/2015

Date