

P 15000096942

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12/1/15

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Shack Maui, Inc.  
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:

Trene Picca

Contact Person

Picca CPA

Firm/Company

14444 Beach Blvd. #19

Address

Jacksonville, FL 32250

City, State and Zip Code

mauricio@shackmaui.com

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

For further information concerning this matter, please call:

Trene Picca

Name of Contact Person

at ( 904 ) 223-3700

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

OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

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**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

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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:

Shack Maui, LLC.

Enter Name of Other Business Entity L15000099105

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 06/05/2015  
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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Shack Maui, 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.)

**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 13 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: Erene Picca

Printed Name: Erene Picca Title: CFO

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

Signature: Mauricio Valderuten

Printed Name: Mauricio Valderuten Title: President

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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SECRETARY OF STATE  
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: Shack Maui, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

13799 Beach Blvd. #1  
Jacksonville, FL 32224

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For any and all lawful purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mauricio Valderruten - President Name and Title: \_\_\_\_\_

Address: 13799 Beach Blvd. #1  
Jacksonville, FL 32224

Address: \_\_\_\_\_

Name and Title: Ximena Valderruten

Name and Title: \_\_\_\_\_

Address: 13799 Beach Blvd #1  
Jacksonville, FL 32224

Address: \_\_\_\_\_

Name and Title: Natalie Valderruten - VP

Name and Title: \_\_\_\_\_

Address: 13799 Beach Blvd #1  
Jacksonville, FL 32224

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: PICCA CPA LLC

Address: 14444 Beach Blvd #19  
Jacksonville, FL 32250

**ARTICLE VII INCORPORATOR**

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

Name: PICCA CPA LLC

Address: Jack 14444 Beach Blvd #19  
Jacksonville, FL 32250

\*\*\*\*\*

*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*

Irene Picca CPA  
Required Signature/Registered Agent

11/16/15  
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.*

Irene Picca CPA  
Required Signature/Incorporator

11/16/15  
Date

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TALLAHASSEE, FLORIDA