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(Re	equestor's Name)			
(Ad	idress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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COVER LETTER

TO:

Tallahassee, FL 32301

TO:	Charter Section Division of Cor					
SUBJ	ECT: CLEAN MA	ASTER UNO, INC.				
		Name of	Resulting Flo	rida Profit	Corporation	
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert ar	1 "Other Business
Please	e return all corresp	ondence concerning this	matter to:			1
CARI	OS M ARIAS					
		Contact Person				
CLEA	AN MASTER UNO	LLC				
·		Firm/Company		<u> </u>		
3313	LINTOWER DRIV	Е				
		Address				
LANI	O O LAKES, FL 34	638				
		City, State and Zip Code	2			
	LOS@THEREOFA					
	E-mail address: (t	o be used for future annu	ial report noti	fication)		
For fi	ırther information	concerning this matter,	please call:			
CARI	LOS M ARIAS		at (⁸¹³) 810-5	170	
	Name of Co	ontact Person	Are	a Code and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
- \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 F and Certifie		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Division Clifton	EET ADDRESS: Filings Section ion of Corporation on Building Executive Center			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: CLEAN MASTER UNO LLC Enter Name of Other Business Entity 2. The "Other Business Entity" is a (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) 4/1/2008 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: CLEAN MASTER UNO, 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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

<u>Note:</u> 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 thisday of	october, 2015	
Required Signature for Florida Profit Corporation:		
Signature of Chairman Vice Chairman, Director, Office XIncorporator: (Printed Name: Corles Ans Vitle: Pres	er, or, if Directors or Officers have not be	en selected, an
Required Signature(s) on behalf of Other Business I		(s).]
Ksignature:		_
Printed Name: Carlos Hrips	Title: Manadu	−ੂੰ ਜ
XSignature: Volume De	٥(١١/١)	- }
XSignature: Yohn Pulilo XPrinted Name: Yohn Pulilo	XTitle: fless tol ase t.	
Signature:		- }
Printed Name:	Title:	- 33 - 33
Signature:		<u>.</u>
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	_
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability		
Signatures of <u>ALL</u> 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: 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 II PRINCIPAL OFFICE				
he principal place of business/mailing address is:			-21	5
Principal street address		Mailing address, if di	fferent is:	030
313 LINTOWER DRIVE		Triaming address, 11 or	7.1	
AND O LAKES, FL 34638			/: 11 T.	
			, s.	-
RTICLE III PURPOSE			Ţ.,	C
he purpose for which the corporation is organized is:	:			
ROVIDE JANOTORIAL SERVICES TO FLORIDA BU	SINESSES.			
· · · · · · · · · · · · · · · · · · ·				
ARTICLE IV SHARES			<i>f</i>	
			ç	
			<i>(</i>	
he number of shares of stock is:	DIRECTORS		<i>(</i>	
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR L		YOHANNA PULIDO	· · <u></u>	
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR L	DIRECTORS Name and Title	YOHANNA PULIDO	· · <u></u>	
he number of shares of stock is: INITIAL OFFICERS AND/OR L Iame and Title: CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE	Name and Title	YOHANNA PULIDO), SECRETA	
the number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR L CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE		3313 LINTOWER DR), SECRETA	
he number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR L ame and Title: CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE	Name and Title	ð:), SECRETA	LRY
he number of shares of stock is: INTICLE V INITIAL OFFICERS AND/OR INITIAL OF	Name and Title	3313 LINTOWER DR), SECRETA	
the number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR L CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE LAND O LAKES, FL 34638	Name and Title Address:	3313 LINTOWER DR LAND O LAKES, FL 3), SECRETA LIVE 34638	
the number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR L CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE LAND O LAKES, FL 34638	Name and Title Address:	3313 LINTOWER DR), SECRETA LIVE 34638	
the number of shares of stock is: RTICLE V INITIAL OFFICERS AND/OR L CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE LAND O LAKES, FL 34638 Carrier of the shares of stock is: 100 Carrier of the shares of the sha	Name and Title Address: Name and Title	3313 LINTOWER DR LAND O LAKES, FL 3), SECRETA LIVE 34638	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR L CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE LAND O LAKES, FL 34638 Name and Title:	Name and Title Address: Name and Title	3313 LINTOWER DR LAND O LAKES, FL 3), SECRETA LIVE 34638	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR L CARLOS M ARIAS, PRESIDENT 3313 LINTOWER DRIVE LAND O LAKES, FL 34638 Name and Title:	Name and Title Address: Name and Title	3313 LINTOWER DR LAND O LAKES, FL 3), SECRETA LIVE 34638	
ARTICLE V INITIAL OFFICERS AND/OR LENAME and Title: Address: LAND O LAKES, FL 34638 Name and Title: Address:	Name and Title Address: Name and Title Address: Address:	3313 LINTOWER DR LAND O LAKES, FL 3), SECRETA IVE 34638	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR LESSAND ARIAS, PRESIDENT Address: LAND O LAKES, FL 34638 Name and Title:	Name and Title Address: Name and Title Address: Address:	3313 LINTOWER DR LAND O LAKES, FL 3), SECRETA IVE 34638	

ARTICL	E VI REGISTERED AGENT		
The name	and Florida street address (P.O. Box NOT	r acceptable) of the registered agent is:	
Name:	YOHANNA PULIDO		
Address:	3313 LINTOWER DRIVE	15	
	LAND O LAKES, FL 34638		-
ARTICL	· · · · · · · · · · · · · · · · · · ·		
The <u>name</u>	and address of the Incorporator is:	그	•
Name:	CARLOS M ARIAS	3 2 3	
Address:	3313 LIN TOWER DRIVE	3 	
	LAND O LAKES, FL 34638		
******** Having be this certifi	******************************* een named as registered agent to accept serv icate, I am familiar with and accept the appo	**************************************	nated in
K V	Required Signature/Registered Agent	\(\sum_{\text{Date}} \) \(\sum_{\text{Date}} \)	
I submit to document	his document and affirm that the facts state to the Department of State constitutes a thic	ed herein are true. I am aware that any false information submited degree felony as provided for in s.817.155, F.S.	tted in a
1		10-01-15	
- V	Required Signature/Incorporator	Date	