

PLEASE DO NOT SIGN

(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



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15 DEC 16 AM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WLS-20424

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** 1 Plus 3 Distributors, 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:

**Mario Urgiles**

Contact Person

**1 Plus 3 Distributors, Inc**

Firm/Company

**14359 Miramar Parkway, Ste 426**

Address

**Miramar, FL 33027**

City, State and Zip Code

**1plus3distributors@gmail.com**

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

For further information concerning this matter, please call:

**Mario Urgiles**

Name of Contact Person

at ( **305** ) **300-4571**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 APR 20 PM 12:39

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

March 24, 2015

MARIO URGILES  
14359 MIRAMAR PKWY STE 426  
MIRAMAR, FL 33027

We have received your document for 1 PLUS 3 DISTRIBUTORS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The Certificate of Conversion must be signed by an authorized person.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 215A00005861

CC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*sent out*  
RECEIVED  
15 DEC 16 AM 10:04  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

March 24, 2015

MARIO URGILES  
14359 MIRAMAR PKWY STE 426  
MIRAMAR, FL 33027

COPY

We have received your document for 1 PLUS 3 DISTRIBUTORS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Jessica A Fason  
Regulatory Specialist II

Letter Number: 215A00005861

**1 Plus 3 Distributors, Inc.**

**14359 Miramar Pkwy, Ste. 426  
Miramar, FL 33026**

November, 30 2015

New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: 1 Plus 3 Distributors, Inc.

Gentlemen/ Women,

Attached please find Conversion form 105.

Company had filed this form March 24, 2015 but your department rejected that filing.

I spoke with your Department due to rejection and was informed that

- A) Effective date was wrong and was informed to leave such line blank, and
- B) Two signatures were required on page 2.

I have since corrected these two issues, or at least think I have.

When my client filed in March of this year, he attached a check for \$122 to cover costs. That check was cashed by your department and therefore not included in this application.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Daniel Beirne', with a long horizontal flourish extending to the right.

Daniel Beirne, CPA

954-549-3757



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2015

MARIO URGILES  
14359 MIRAMAR PKWY STE 426  
MIRAMAR, FL 33027

We have received your document for 1 PLUS 3 DISTRIBUTORS, INC. and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 215A00005861

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** 1 Plus 3 Distributors, 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:

Mario Urgiles

Contact Person

1 Plus 3 Distributors, Inc

Firm/Company

14359 Miramar Pkwy, STE 426

Address

Miramar, FL 33027

City, State and Zip Code

1plus3distributors@gmail.com

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

For further information concerning this matter, please call:

Mario Urgiles

Name of Contact Person

at ( 305- ) 300-4571

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  
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**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:

1 Plus 3 Distributors, LLC L1200011577

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 08/25/2012

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:**

1 Plus 3 Distributors, 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.)

FILED  
15 DEC 16 AM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 30 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: Mario Urgiles

Title: President

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

Signature: \_\_\_\_\_

Printed Name: Mario Urgiles

Title: Member

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)

**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: 1 Plus 3 Distributors, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

14359 Miramar Pkwy, STE 426

Miramar, FL 33027

**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: 1000

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

Name and Title: Mario Urgiles

Name and Title: President

Address: 14359 Miramar Pkwy, #426

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

Miramar, FL 33027

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

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

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

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

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

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

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

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

**ARTICLE VI    REGISTERED AGENT**

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

Name: Daniel Beirne, CPA

Address: 1465 NE 29th Street

Pompano Beach, FL 33064

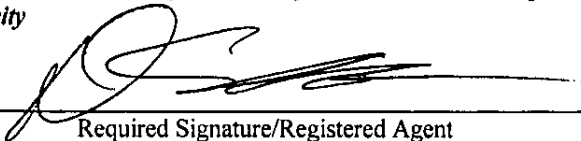
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Daniel Beirne, CPA  
Address: 1465 NE 29th Street  
Pompano Beach, FL 33064

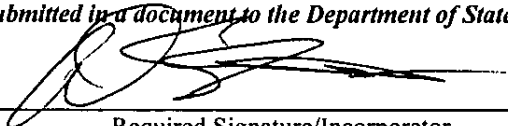
\*\*\*\*\*

*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

11/30/2015  
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

11/30/2015  
Date