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(Re	questor's Name)				
· (Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:	·			
	·	e ·			

Office Use Only



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121-23-14

COVER LETTER

Division of Co					
SUBJECT: Florecylce,	Inc				
	Name of	Resulting Florid	a Profit	Corporation	
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to convert ar 15, F.S.	"Other Business
Please return all corres	pondence concerning thi	s matter to:			
Juan Ruiz					
	Contact Person		_		
Juan Ruiz, Esq					
	Firm/Company		_		
3471 N Federal Hwy, Su	ite 400				
	Address		_		
Ft Lauderdale, Fl. 33306					
	City, State and Zip Cod	e			
jruiz@sterlingtitleco.con	ı				
E-mail address: (to be used for future ann	ual report notifica	ation)		
For further information	concerning this matter,	please call:			
Juan Ruiz		954 at (471-3	563	
Name of C	ontact Person	_ \	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 Filir and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporatio Clifton Building 2661 Executive Center	ns		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

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:
Floreycle, LLC	415-27671
E	Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited	Liability Company
(Enter entity type. E general partnership, first organized, formed or incorporated unde (Enter state,	or if a non-U.S. entity, the name of the country)
Enter date "Other Bus	siness Entity" was first organized, formed or incorporate
3. If the jurisdiction of the "Other Business organized, formed or incorporated: FL	Entity" was changed, the state or country under the laws of which it is now
4. The name of the Florida Profit Corporation	on as set forth in the attached Articles of Incorporation:
Florecycle, Inc.	
Ent	er Name of Florida Profit Corporation
Department of State; <u>AND</u> 2) must be the if an effective date is listed therein.)	nor more than 90 days after the date this document is filed by the Florida e same as the effective date listed in the attached Articles of Incorporation a not meet the applicable statutory filing requirements, this date will not be

Signed thisday of	, 20 ¹⁵			
Required Signature for Florida Profit Corporation:				
Signature of Chairman, Vice Chairman, Director, Offic Incorporator: Juan Ruiz, Esq Printed Name: Juan Ruiz Title: Attorne		n selec	ted, ar	1
Required Signature(s) on behalf of Other Business I		s).]		
Signature:		_		
Printed Name: Vincent Logrado	Title: MNGR	_		
Signature:		_		
Printed Name:		Z.S.	<u> </u>	
Signature:			330	STEEL SEEL
Printed Name:	Title:	<u> </u>	÷	
Signature:		4 4 60 1		
Printed Name:	Title:	F STATE	60.	
Signature:	•			
Printed Name:	Title:	_		
Signature:	- A A STREET, ALL	-		
Printed Name:	Title:			
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:			
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:			
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)

The name of the	FLORECYCLE, INC.	·····				
ARTICLE II The principal p	PRINCIPAL OFFICE blace of business/mailing address is:					
Principal street address 3471 N Federal Hwy, Suite 400		N	Mailing address, if d	ifferent is:		
Ft. Lauderdale,	Fl. 33306					_
ARTICLE II				7		
Any and All Le	or which the corporation is organized is:			SECHE IN	15 DEC	CONCE
					7	
				AFE 3.18	09	_
						_
ARTICLE IV	SHARES Shares of stock is:					_
ARTICLE V		ECTORS				
Name and Titl	Vincent Loffredo, President e:	Name and Title:_				
Address:	3471 N Federal Hwy, Ste 400	Address:				
Name and Titl	Ft. Lauderdale, Fl. 33306 Watson Roseir, Treasurer and Secretary	Name and Title:				
Address:	3471 N Federal Hwy, Ste 400	Address:				
Address.	Ft. Lauderdale, Fl. 33306	Address:				
Name and Titl	Joselito Desir, Vice President	Name and Title:			•	
Address:	e:3471 N Federal Hwy, Ste 400	Address:				_
	Ft. Lauderdale, Fl. 33306	<u> </u>				_

ARTICL.	E VI REGISTERED AGENT						
The name	and Florida street address (P.O. Bo	x NOT acceptable) of the registered	dagent is:				
Name:	Juan Ruiz, Esq	0					
Address:	3471 N Federal Hwy, Ste 400						
	Ft. Lauderdale, Fl. 33306						
ARTICL							
The <u>name</u>	and address of the Incorporator is:						
Name:	Vincent Loffredo						
Address:	3471 N Federal Hwy, Ste 400						
	Ft. Lauderdale, Fl. 33306			Za 3			
		_					
******	*****************	***********	the	Co Zi			
	en named as registered agent to according to the control of the co						
	Lua Kin	<u> </u>	10/23/15	ng IAIE ORIBA			
	Required Signature Registered Age	ıt	/ Datel				
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 constitute	s a third degree felony as provided	for in s.817.155, F.S.	,			
}	V I full		9/28/15				
7	Required Signature/Incorporator	·	Date				

. . . .