

PI6000005220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

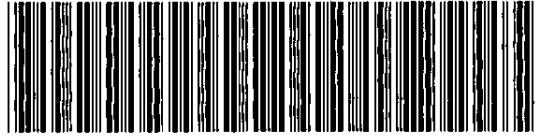
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten scribble]



900281003539

RECEIVED
DEPARTMENT OF STATE
16 JAN 14 AM 8:52

01/14/16--01013--002 **113.75

RECEIVED
DEPARTMENT OF STATE
16 JAN 14 AM 11:05

JAN 21 2016
T SCHROEDER



1000 Ponce de Leon Blvd. Suite: 105
 Coral Gables, FL 33134
 Phone: 305-444-4994
 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Manantial, LLC
 (CORPORATE NAME) (DOCUMENT #)

2. _____
 (CORPORATE NAME) (DOCUMENT #)

3. _____
 (CORPORATE NAME) (DOCUMENT #)

Walk-In Pick up time: _____ Certified Copy Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input checked="" type="checkbox"/>	Other: conversion

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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:
MANANTIAL LLC

(L15-068614) 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 04/20/2015 ✓
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**:

MANANTIAL 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.

Signed this 13 day of January, 2016.

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: Florencia Valle Fortin Title: PST

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

Signature: _____

Printed Name: Florencia Valle Fortin Title: MBR

Signature: Daniela A Cruz Valle

Printed Name: Daniela A. Cruz Valle Title: AMBR

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.

RECEIVED
STATE OF FLORIDA
JAN 16 AM 8:52

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: MANANTIAL CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address <u>333 NE 21 AVE.</u> <u>STE: 406</u> <u>DEERFIELD, FL 33441</u>	Mailing address, if different is: _____ _____ _____
--	--

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

16 JAN 11 4 48 52
STATE OF FLORIDA
CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>FLORENCIA VALLE FORTIN (PST)</u>	Name and Title: _____
Address: <u>333 NE 21 AVE STE: 406</u>	Address: _____
<u>DEERFIELD, FL 33441</u>	_____

Name and Title: <u>DANIELA A. CRUZ VALLE (D)</u>	Name and Title: _____
Address: <u>333 NE 21 AVE STE: 406</u>	Address: _____
<u>DEERFIELD, FL 33441</u>	_____

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:

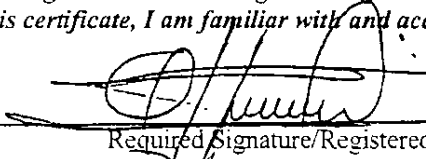
Name: FLORENCIA VALLE FORTIN
Address: 333 NE 21 AVE STE: 406
DEERFIELD, FL 33441

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FLORENCIA VALLE FORTIN
Address: 333 NE 21 AVE STE: 406
DEERFIELD, FL 33441

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/Incorporator

1/12/16
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.

SECRETARY OF STATE
DEPARTMENT OF STATE
FLORIDA
16 JAN 14 AM 8:52
FILED