# P/600005523

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

Office Use Only

WK-2819



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JAN 2/ 2016 S. GILBERT

### **COVER LETTER**

Division of Cor					
SUBJECT: ORIGINAL	TRADES, INC.				
	Name of I	₹esu	ılting Florida	Profit (	Corporation
	e of Conversion, Articles Profit Corporation" in acc				res are submitted to convert an "Other Business 5, F.S.
Please return all corresp	ondence concerning this	mat	tter to:		
NGOZI KONAN					
	Contact Person				
ORIGINAL TRADE, IN	c.				
	Firm/Company		······································		
303 SW 76 TERR					
	Address		······································	· ,	
NORTH LAUDERDALE	E, FL 33068				
	City, State and Zip Code	:	····		
S.BIEDER@AOL.COM					•.
<del>-</del>	o be used for future annu	ial re	eport notifica	tion)	
For further information	concerning this matter,	oleas	se call:		
NGOZI KONAN		at (	,754 ···	252-3	512 .
Name of Co	ontact Person	(	\ <del></del>	ode and	Daytime Telephone Number
Enclosed is a check for	the following amount:		٠.		•
\$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$ and	\$113.75 Filing 1 Certified Co	g Fees opy	□\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301				New Fi Division P. O. B	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314

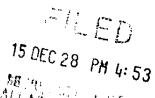
#### **Certificate of Conversion**

For

### "Other Business Entity"

Into

#### Florida Profit Corporation



This Certificate of Conversion and attached Articles of Incorporation are submitted to convertible 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:
ORIGINAL TRADES, LLC
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)
03/18/2003 on
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 <u>attached Articles of Incorporation:</u> ORIGINAL TRADES, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) connect he migrate and the 20 days that the date the file is a file of the connection of the conne
(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.)
<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.

16.	_
Signed this day of DECEM	BEA , 2015
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office	er, or, if Directors or Officers have not been selected, an
Incorporator:	
Printed Name: NGOZI KONAN Title: PRES	
Required Signature(s) on behalf of Other Business E	Entity: [See below for required signature(s).]
Signature:	
Printed Name: NGOZI KONAN	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	<u> </u>
Printed Name:	Title:
If Florida General Partnership or Limited Liability	Partnershin:
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: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

Page 2 of 2

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ORIGINAL TRADES	, INC. 15 DEC 28 PM 4: 53
The name of the corporation shall be:	Sw. n.
ARTICLE II PRINCIPAL OFFICE	ALI ARASSEE, FLERIDA
The principal place of business/mailing address is:	TO BELL FLERIDA
Principal street address 303 SW 76th TERR	Mailing address, if different is: SAME
NORTH LAUDERDALE, FL 33068	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
ANY AND ALL LAWFUL BUSINESS	
	**
	<del></del>
•	·
4. A.	
ARTICLE IV SHARES The number of shares of stock is: 100,000 SHARES	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: NGOZI KONAN, PRES, TREAS, SEC	Name and Title:
Address: 303 SW 76TH TERR	Address:
NORTH LAUDERDALE, FL 33068	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title
	<del></del>
Address:	Address:
<u></u>	

ARTICL	E VI REGISTERED AGENT		
The <u>name</u>	and Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name: `	NGOZI KONAN		
Address:	303 SW 76 TERR		
	NORTH LAUDERDALE, FL33068		
<u>ARTICL</u>	E VII INCORPORATOR		
The name	and address of the Incorporator is:		
Name:	NGOZI KONAN		
Address:	303 SW 76 TERR		
	NORTH LAUDERDALE, FL33068		
	-		
1 = = = = = = = = = = = = = = = = = =			
Having be this certifi	een named as registered agent to accept service of picate, I am familiar with and accept the appointmen	rocess for the above stated corporation at the place designat t as registered agent and agree to act in this capacity	ed in
	(20)	12/19/2015	
	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herei to the Department of State constitutes a third degre	n are true. I am aware that any false information submitted to felony as provided for in s.817.155, F.S.	l in a
	8	12/19/2015	
	Required Signature/Incorporator	Date	