## P16000017099

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	<del>;</del> #)		
PICK-UP	Mait	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·		
Certified Copies	_ Certificates	of Status		
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2016 FEB 12 P 3 28
SECRETARY OF STATE

## **COVER LETTER**

Charter Section

Tallahassee, FL 32301

TO:

Division of Corpo	rations		
SUBJECT: The	Champions &	of Rock In	it Corporation
***************************************	Name of l	Resulting Florida Prof	it Corporation
The enclosed Certificate of Entity" into a "Florida Pro			fees are submitted to convert an "Other Business 115, F.S.
Please return all correspon-	dence concerning this	matter to:	
Ernesto K	Salvador Contact Person		
	Contact Person		
The Champ	ions of Ra	ock Inc.	
	Firm/Company		
14257 50	Isoth Ave		
	Address	_	
Miami, FL Cit	753196 ty, State and Zip Code	·	
E-mail address: (to be	e used for future annu	al report notification)	
For further information con	ncerning this matter, p	olease call:	
Ernesta Sal	vador	at (310)	nd Daytime Telephone Number
Name of Conta	act Person	Area Code a	nd Daytime Telephone Number
Enclosed is a check for the	: following amount:		
	\$113.75 Filing Fees ad Certificate of atus	☐\$113.75 Filing Fee and Certified Copy	
STREET ADDRESS:			LING ADDRESS:
New Filings Section Division of Corporations			Filings Section sion of Corporations
Clifton Building			Box 6327
2661 Executive Center Cir	cle	Talla	hassee, FL 32314

## 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 En	tity" immediately į	prior to the filing of this Certificate of Conversion is:
The Ch	ampions o	f Rock	Inc.
-	•	Enter Name of	Other Business Entity
2. The "Other Busin			ed liability company, limited partnership, or business trust, etc.)
first organized, form	ed or incorporated	under the laws of	California
,	(Enter st	ate, or if a non-U.S	California 6. entity, the name of the country)
on	10-1-14		
	Enter date "Other	Business Entity" v	vas first organized, formed or incorporated
3. If the jurisdiction organized, formed o		ness Entity" was cl	nanged, the state or country under the laws of which it is now
4. The name of the	Florida Profit Corpo	oration as set forth	in the attached Articles of Incorporation:
The	Champions	of Rock	- \nc.
		Enter Name of Flo	crida Profit Corporation
(The effective date: Department of Statif an effective date	1) cannot be prious; AND 2) must be is listed therein.) serted in this block of	r to nor more that the same as the edoes not meet the a	date: 27 16  n 90 days after the date this document is filed by the Florida effective date listed in the attached Articles of Incorporation applicable statutory filing requirements, this date will not be of State's records

Page 1 of 2

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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

Signed this	<del>-</del>	day of _	Fib		, 20_ 16	
Required S	Signature	for Florida	a Profit Corpor:	ation:		
Signature of Incorporator Printed National	f Chairma or: ne:Ern	n, Vice Chi	airman, Director. Title:	Officer, or, if Di	rectors or Officers have no	ot been selected, an
Required S	Signature(	s) on beha	Nof Other Busi	ness Entity: [Se	e below for required signa	ture(s).]
Signature:		in/			e delow for required signa	
Printed Nat	ne: <u>Em</u>	0500	Salvador	Title:	chaimsa	
Signature:						
Printed Nat	ne:			Title:		<u></u>
Signature:						
Printed Nar	ne:			Title:		<del></del>
Signature:				<del>-</del>		
Printed Na	ne:		<del>-</del>	Title:		<del></del>
Signature:	<del></del>					
Printed Nat	ne:			Title:		
Signature:						
Printed Nar	ne:		<del></del>	Title:		
Signature o	f one Gene	eral Partner		bility Partnershi bility Limited Pa	_	
Signatures						
If Florida I Signature o	L <mark>imited L</mark> i f a Membe	iability Co er or Autho	mpany: rized Representa	tive.		
All others: Signature o	f an author	rized persor	n,			
Fee Cer		y:	ı; of Incorporation	\$35.00 \$70.00 \$8.75 (Op \$8.75 (Op		

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

ARTICLE I	<u>NAME</u>		_		_	<b>~</b> .		
The name of the	corporation:	shall be:	The	Chompions	9.5	Yock	100,	-
ARTICLE II	PRINCI	PAL OFFI	CE					
The principal pla								
	Principal str	reet address			Ма	ilina address	if different is:	
14237 5	w 15	oth A	, ,		IVIA	mng addicss,	ii different is.	
Miani						some		
ARTICLE III The purpose for			s organiz	ed is:				
TCOC	podete	÷ 14	۵	production	5+0210	tuck	creates	
digital	4 40.	ngible	رسدك	ia, and	nelps	develop	brends	
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in New	Morre	MEDIA	Sia	tforms.				
						T-0 T-0 10 10 10 10 10 10 10 10 10 10 10 10 10		
ARTICLE IV	SHARES							
The number of sh	SHARES	<b>S</b> k is:	1000					
The number of sl	SHARES	<b>S</b> k is:	1000					
The number of st	SHARES nares of stock	S k is: OFFICER:	(000 S AND/C	OR DIRECTOR				
The number of share and Title:	SHARES nares of stock	S k is: OFFICERS	\ 00 \to	OR DIRECTOR:  Name	<b>S</b> and Title:			
The number of sharticle V  Name and Title:	SHARES nares of stock	S k is: OFFICER:	\ 00 \to	OR DIRECTOR:  Name	<b>S</b> and Title:			-
The number of share of share and Title:	SHARES nares of stock	S k is: OFFICERS	(000 S AND/C	<b>DR <i>DIRECTOR</i></b> Name Addre	<b>S</b> and Title:		SEC	20 20 20 20
The number of share and Title:  Address:	SHARES nares of stock INITIAL	S k is: <b>OFFICER:</b>	(000 S AND/C	<b>OR DIRECTOR</b> Name Addre	<b>S</b> and Title:		SEC PE	-
The number of sharticle v  Name and Title: Address:  Name and Title:	SHARES nares of stock INITIAL	S k is: <b>OFFICER:</b>	(000 S AND/C	OR DIRECTOR: Name Addre	<b>S</b> and Title: ss:		SECRETARY BALLAHASSE	20 20 20 20
The number of sharticle v  Name and Title: Address:  Name and Title:	SHARES nares of stock	S k is: <b>OFFICER:</b>	S AND/C	OR DIRECTOR: Name Addre	ss:		SECRETARY O	2016 FEB   2
The number of sh	SHARES nares of stock	S k is: OFFICERS	(000 S AND/	OR DIRECTORS  Name Addre  Name  Addre	ss:		SECRETARY OF S	2016 FEB 1 2 P
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The number of sharticle v  Name and Title: Address:  Name and Title: Address:	SHARES nares of stock	S k is: OFFICERS	(00 p	OR DIRECTORS Name Addre	ss:		SECRETARY OF STATE	2016 FEB 1 2 P
The number of sharticle v  Name and Title: Address:  Name and Title:	SHARES nares of stock	S k is: OFFICERS	S AND/C	DR DIRECTOR: Name Addre Name Addre	and Title: ss: and Title: ss: and Title:		SECRETARY OF STATE	2016 FEB   2   P 3 28

ARTICL	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name:	Einesco K Salvador	_
Address:	14257 Sw 150th Ave Mian, FL 33196	<del>-</del>
	Mian, FL 33196	-
	E VII INCORPORATOR	
	and address of the Incorporator is:	
Name:	Emesto K Solvador	
Address:	Emesto K Solvador 14257 Su 150tu Al	
	Mian, FL 33196	
******	***********	******
		rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
	In	2/7/16
	Required Signature/Registered Agent	Date
		ted herein are true. I am aware that any false information submitted in a ird degree felony as provided for in s.817.155, F.S.
	th	2/7//p
	Required Signature/Incorporator	Date