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| (Re                                     | questor's Name)    |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | ldress)            |             |  |
| (Ac                                     | dress)             |             |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | isiness Entity Nar | ne)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
|   |                    |             |  |
|   |                    |             |  |
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| •                                       |                    |             |  |

Office Use Only



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SERVED MARKET STATE



#### **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Federal Contracting GOUP, Inc.  Name of Resulting Florida Profil 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:  |
| Alvaro de Moya<br>Contact Person   |
| Federal Contracting Gnup Inc.  |
| 9385 Gallardo St<br>Address  |
| Coyal Gables FL 33156 City, State and Zip Code   |
| Carli-bailey e demoya - Com<br>E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Avan de Moya at (305) 323.1169  Name of Contact Person Area Code and Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| □\$105.00 Filing Fees and Certificate of Status □\$113.75 Filing Fees □\$122.50 Filing Fees, Certified Copy, and Certificate of Status   |

TO:

Charter Section

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

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#### **Certificate of Conversion**

For

"Other Business Entity"

Into

Florida Profit Corporation

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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:   |
|--|
| Federal Contracting Gnup. LLC Enter Name of Other Business Entity L1400045092  |
| 2. The "Other Business Entity" is a (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 March 3, 2016 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:  |
| tecteral Contracting Goup, 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; <u>AND</u> 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.  |

| Signed this day of MC(YCh)  | , 20 <u>/</u> /                             |                |
|---|---|----------------|
| Required Signature for Florida Profit Corporation:  |   |                |
| Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: Alvan demogratie: Dre |   | n selected, an |
| Required Signature(s) on behalf of Other Business E   | ntity: [See below for required signature(s) | ).]            |
| Signature:  |   |                |
| Printed Name: Alvaro de Moya  | Title: Ma R                                 |                |
| 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 I Signature of one General Partner.                   | Partnership:                                |                |
| If Florida Limited Partnership or Limited Liability I 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.  |   | <b>詩 6</b>     |

Page 2 of 2

\$35.00

\$70.00

\$8.75 (Optional) \$8.75 (Optional)

Fees:

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

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

ARTICLE I

NAME

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| •  | Contracting Only, TELLARUS F                         |
|--|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  | J HEGHETARY OF TALL AHASOES, I                       |
| Principal street address   | Mailing address, if different is:                    |
| 7385 Gallardo St   |  |
| Coval Gables, FL 33156   |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |  |
| Construction   | en Management  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ARTICLE IV SHARES The number of shares of stock is: \( \), \( \) \( \)   | `  |
| The number of shares of stock is: \(\int\), \(\int\)   | RECTORS  |
| The number of shares of stock is:  | RECTORS  Name and Title:                             |
| The number of shares of stock is: \( \bigcup_{\infty} \dots \dots \bigcup_{\infty} \dots \ | <del></del>  |
| The number of shares of stock is: \( \bigcup_{\infty} \dots \dots \bigcup_{\infty} \dots \ | Name and Title:  Address:                            |
| The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title: AWO DEMOND P/D  Address: 9385 Gallardo St  COVAL Gables, FL33   | Name and Title:                                      |
| The number of shares of stock is: 10,000  ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title: Alway demond P/D  Address: 9385 601/0/00 St   | Name and Title:  Address:  Name and Title:           |
| The number of shares of stock is:  | Name and Title:  Address:  Name and Title:  Address: |

| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  |
|--|
| Name: Alvaro demoya  |
| Address: 9385 Gallardo St  |
| Coxal Gables FL 33156  |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  |
| O h.a  |
| Name: HIVAYO GEMBYA  |
| Address: 9385 Gallardo St  |
| Coval Gables, Fr 33 156  |
|  |
| **************************************   |
| 3/8/16   |
| Required Signature/Registered Agent 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. |
| 3/8/16   |

Date

Required Signature/Incorporator