P16000032253

(Requestor's Name)
(Address)
(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:
alla stalla
WW WY





800279115208

03/14/16--01016--007 **113.75

FFECTIVE DATE

ALE SOUTH TO THE SECOND OF THE

2016 APR -5 PH 4: 16

TO: Charter Section Division of Co		Le g	9 3.	7	•	* **	% .	*
SUBJECT: Amanda	's Nurseries Incorporate	d						
	Name of	Resulting Florida	Profit C	Corpo	ration			
	te of Conversion, Article Profit Corporation" in ac					itted to	convert a	an "Other Business
Please return all corres	pondence concerning this	s matter to:						
Manuel Sanchez								
	Contact Person							
Sanchez & Padror	Associates INC							
	Firm/Company							
953 17 TH Street								
	Address							
Vero Beach, FL. 329	60							
	City, State and Zip Cod	e						
Manuelsm1@gmail.c	com							
E-mail address: (to be used for future annu	ual report notifica	lion)					
For further information	concerning this matter,	please call:						
Manuel Sanchez		at (786	247-	8041				
Name of C	ontact Person	Area C	ode and	Dayti	me To	elepho	ne Numbe	r
Enclosed is a check for	the following amount:							
☐ \$105.00 Filing Fees	△\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing and Certified Co		Certi	fied C	Filing Jopy, a of Sta	nd	

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



March 23, 2016

MANUEL SANCHEZ SANCHEZ & PADRON ASSOCIATES INC 953 17TH STREET VERO BEACH, FL 32960

SUBJECT: AMANDA NURSERIES INCORPORATED

Ref. Number: W16000021646

We have received your document for AMANDA NURSERIES INCORPORATED and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Letter Number: 316A00005934

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 Conversi	ion is:
AMANDA NURSERIES LLC	EFFECTIVE DAT
Enter Name of Other Business Entity	7-1-10
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)	
01/01/2015 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 vorganized, formed or incorporated:	vhich it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>	
Amanda's Nurseries Incorporated	
Enter Name of Florida Profit Corporation	
5. If not effective on the date of filing, enter the effective date: 07/01/2016	
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is file Department of State; AND 2) must be the same as the effective date listed in the attached Articles of an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable starutory filing requirements, this dat listed as the document's effective date on the Department of State's records.	of Incorporation,

" ,		
Signed this 18TH day of February	, 20 2016	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: Title: President Presi	er, or, if Directors or Officers have not been select	ed, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]	
Signature: Junes		34.50
Printed Name: Jose M Melendez	Title: MGR	
Signature: Sufficia My may		
Printed Name: Sylvia Melendez		
Signature: Melon		
Printed Name: Jose M Melendez JR	Title: MGR	
Signature:		
Printed Name:	Title:	
Signature:	Land the same of t	
Printed Name:	Title:	
Signature:		
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 <u>ALL</u> 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)

ARTICLE I	NAME Amanda's Nurseries	Incorporated
The name of the	NAME Amanda's Nurseries corporation shall be:	
ARTICLE II	PRINCIPAL OFFICE	
The principal pla	ace of business/mailing address is:	
	Principal street address	Mailing address, if different is:
3750 N HWY		
COCOA, FL	32926	
The purpose for	PURPOSE r which the corporation is organized is: lawful business.	
4**************************************		
ARTICLE IV The number of s	100	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS
Name and Title	Iosa M Malandaz Prosident	Name and Title:
Address:	3750 N HWY US 1	Address:
_	COCOA, FL 32926	
Name and Title	Sylvia Melendez Vice President	Name and Title:
Address:	3750 N HWY US 1	Address:
	COCOA, FL 32926	
Name and Title	Jose M Melendez JR Vice President	Name and Title:
Address:	3750 N HWY US 1	Address:
	COCOA, FL 32926	

	E VI REGISTERED AGENT and Florida street address (P.O. Box NO	■ acceptable) of the registered agent is:
Name:	Sanchez & Padron Associates INC	
Address:	953 17TH Street	
. 144. 055.	Vero Beach FL 32960	
<i>ARTICLI</i> The name	E VII INCORPORATOR and address of the Incorporator is:	
Name:	Jose M Melendez President	
Address:	3750 N HWY US 1	
	COCOA, FL 32926	

	Manuel DOWI (Manuel Required Signature/Registered Agent)	02-18-16 Date
		ed herein are true. I am aware that any false information submitted in a red degree felony as provided for in s.817.155, F.S.
/(Regulated Signature/Incorporator	02-18-16 Date

.