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(City/S	State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busin	ess Entity Name)		
(Docu	ment Number)		
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	E(S) & DOCUMENT NUMBER(S),	(if known):		
ALX HO	(Corporation Name)			
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□Walk in	☐Pick up time		☐Certified copy	
☐Mail out	☐Will wait	□Photocopy	☐Certificate of Status	

COVER LETTER

TO;	Charter Section Division of Cor	porations				
SURT	ECT: A.LX. Holdi	ngs, Inc.				
GCDO	DC ()	Name of I	Resulting Florida	Profit (Corporation	
The er Entity	nclosed Certificato " into a "Florida F	of Conversion, Articles Profit Corporation" in ac	of Incorporation cordance with s. (, and fe 507:111	es are submitted to convert an "5, F.S.	Other Business
Please	return all corresp	ondence concerning this	s matter to:			
Richa	rd L. Barbara			,		
		Contact Person				
Alvaro	ez Barbara, LLP					
•		Firm/Company				
1750 (Coral Way, Second	Floor				
		Address		•	,	
Miam	i, FL 33145					
		City, State and Zip Code	3	•		
cbarba	ara@alvarezbarbara	.com				
	E-mail address: (to	be used for future annu	al report notifica	ilon)		
For fu	rther information	concerning this matter, p	please call:		•	
	rd L. Barbara	-	305	263-7	70 0	
	Name of Co	ntact Person	Area C	ode and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
□ \$10	05.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filln and Certified Co		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	Filings Section ion of Corporation Building Executive Centernassee, FL 32301			New F Division P. O. E	ING ADDRESS: ilings Section on of Corporations 30x 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 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:
A.L.X. Holdings, LLC 15-205/03
Enter Name of Other Business Entity
2. The "Other Business Entity" is a Limited Limbility 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)
12/8/2015 on
Enter date "Other Business Entity" was first organized, formed or incorporated
 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;
organized, formed or incorporated;
organized, formed or incorporated; 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>

Page 1 of 2

16 HAY -3 PM 12: 47
SECRETARY OF STATE ALL AHASSEF, FI DO

	Signed this 19th day of April	, 20 <u>16</u>		
	Required Signature for Florida Profit Corporation:			
Ċ	Signature of Chalman, Vice Chalman Director, Office Incorporator: Printed Name: www. D.Bassar Title: Westa-		selected, an	
	Required Signature(s) on behalf of Other Business I	Satity: [See below for required signature(s	0.1	
4	Signature: D. Boylegge			
	Printed Name: Jonathan D. Barbara	Title: President		
	Signature:			
	Printed Name:	Title:		
٠	Signature:			
	Printed Name:	Title:		
	Signature:			
	Printed Name:	Title:		
٠	Signature:			
	Printed Name:	Title:	·	
	Signature:			
	Printed Name;	_ Title:		
	If Florida General Partnership or Limited Liability Signature of one General Partner.	Partuership:	·	
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:	,	
	If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		uq	
	All others: Signature of an authorized person.		16 KAY SECRET ALLAHA	,
	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)	Y-3 PHIZ: TARY OF SI MASSEE, FLO	

Page 2 of 2

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

ARTICLE II PRINCIPAL OFFICE	·	
The principal place of business/mailing address is:		
Principal street address 5000 SW 75 Avencu, Stc. 112	Mailing address, if	different is:
Miami, FL 33155	-	
ARTICLE III PURPOSE The purpose for which the corporation is organized Any and all lawful purpose.	s:	
		The sales of the s
ARTICLE IV SHARES		
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Jonathan D. Barbara, President	DIRECTORS	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Jonathan D. Barbara, President 5000 SW 75 Avenue, Sto. 112	DIRECTORS Name and Title:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Jonathan D. Barbara, President 5000 SW 75 Avenue, Sto. 112	DIRECTORS Name and Title:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Jonathan D. Barbara, President 5000 SW 75 Avenue, Stc. 112 Miami, FL 33155	DIRECTORS Name and Title: Address:	- 16
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: Jonathan D. Barbara, President 5000 SW 75 Avenue, Stc. 112 Miami, FL 33155 Name and Title:	DIRECTORS Name and Title: Address: Name and Title:	TA LANA
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR Name and Title: 5000 SW 75 Avenue, Sto. 112 Miami, FL 33155 Name and Title:	DIRECTORS Name and Title: Address: Name and Title: Address:	SECRETARY OF STANDARD FOR

	<u>E VI REGISTERED AGENT</u> and Florida street address (P.O. Box N	OT acceptable) of the reg	gistered agent is:
Name:	Richard L. Barbara, Esq.	_	
Address:	1750 Coral Way, Second Floor		
	Miami, FL 33145		
ARTICL The name	E VII INCORPORATOR and address of the Incorporator is:		
Name:	Jonathan Barbara		
Address:	5000 SW 75 Avenue, Stc. 112		
	Miami, FL 33155		
	**************************************		**************************************
	Required Signature/Registered Agent	Barbana	4/19/10 Date
	his document and affirm that the facts so to the Department of State constitutes a		am aware that any false information submitted in a rovided for in s.817.155, F.S.
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Required Signature/Incorporator	an D. Barbana	Date Date

16 MAY - 3 PM 12: 47
SECRETARY OF STATE
ALLAHASSEE, FLORIDA