

PI6000040120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

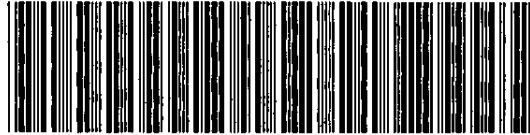
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600284354306

04/22/16--01023--009 \*\*105.00

FILED

16 MAY - 9 AM 7:28

CLERK OF COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** MARIO A. SALVI, P.A.

\_\_\_\_\_  
Name of Resulting Florida Profit 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:

MARIO A. SALVI

\_\_\_\_\_  
Contact Person

MARIO A. SALVI, P.A.

\_\_\_\_\_  
Firm/Company

21218 SAINT ANDREWS BLVD #255

\_\_\_\_\_  
Address

BOCA RATON, FL., 33433

\_\_\_\_\_  
City, State and Zip Code

MARIO.SALVI@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO A. SALVI

at ( 561-440-4212 )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**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

May 5, 2016

Re: Ref # W16000031672

Dear Jessica Fason,

I previously sent the enclosed page with a cover letter, the signatures needed, and a copy of the \$105.00 check that has already hit my bank account for the cost of the conversion.

I am sending this as a follow-up due to the fact I forgot to include the reference number (W16000031672) on the cover as well as addressing the envelope to your attention.

So please regard the documents enclosed as duplicates of what was just previously mailed out to you and your department.

I am attempting to process a conversion from Mario A. Salvi, LLC. To Mario A. Salvi P.A.

I appreciate your attention to this matter and apologize for any additinal time or confusion this may have cause you and your department.

Thank you kindly.

Sincerely,

Mario A. Salvi

RECEIVED  
16 MAY -9 PM 12:51  
SECURITY STATE  
TALLAHASSEE, FLORIDA

Date: 5/5/16

Re: Conversion from LLC o P.A.

Dear Jessica,

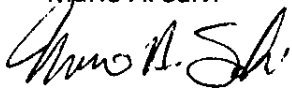
Please refer to page #2 of the conversion documents where I apparently missed a signature on the documents previously sent.

The \$105.00 check has gone through my bank account when the previous conversion documents were sent.

My apologies, for the extra time and effort this may have caused you and your department.

Sincerely,

Mario A. Salvi



RECEIVED  
16 MAY -9 PM 12:48  
STATE OF FLA  
TALLAHASSEE, FLORIDA

**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:

MARIO A. SALVI, LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 03/22/2010

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**:

MARIO A. SALVI, P.A.

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; **AND 2**) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

**Note:** 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.

**FILED**  
16 MAY -9 AM 7:28  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 14 day of APRIL, 2016.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Mario A. Salvi

Printed Name: MARIO A. SALVI Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Mario A. Salvi

Printed Name: MARIO A. SALVI Title: PRESIDENT

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 Partnership:**

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:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I    NAME**

The name of the corporation shall be: MARIO A. SALVI, P.A.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

21218 SAINT ANDREWS BLVD

#255

BOCA RATON, FLORIDA, 33433

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE SALES, TRAINING AND CONSULTING

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIO A. SALVI, President

Address: 21218 SAINT ANDREWS BLVD #255

BOCA RATON, FLORIDA, 33433

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIO A. SALVI  
Address: 21218 SAINT ANDREWS BLVD #255  
BOCA RATON, FLORIDA, 33433

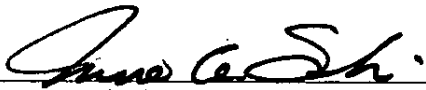
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MARIO A. SALVI  
Address: 21218 SAINT ANDREWS BLVD #255  
BOCA RATON, FLORIDA, 33433

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*




Required Signature/Registered Agent

04/14/16

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.*



Required Signature/Incorporator

04/14/16

Date