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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FILED 16 NAY -6 PH 3. 2



COVER LETTER

Division of Co	,					
SUBJECT: LUGLOC,	INC.					
	Name of	Resulting Florida	Profit	Corporation	•	
	te of Conversion, Article Profit Corporation" in ac			ees are submitted to conve	ert an "Other Busines	s
Please return all corres	pondence concerning thi	s matter to:				
GASTON R. ALVAREZ	Z, ESQ.					
	Contact Person					
GASTON R. ALVAREZ	Z, P. A.					
	Firm/Company					
2655 S. LE JEUNE ROA	AD, SUITE PH-1C					
	Address					
CORAL GABLES, FL.	33134					
	City, State and Zip Cod	e				
TESSIE@GRAPALAW	.СОМ					
E-mail address: (to be used for future annu	ual report notificat	ion)			
For further information	concerning this matter,	please call:				
GASTON R. ALVAREZ	z, ESQ.	_at (443-3	812		
Name of C	ontact Person		de and	l Daytime Telephone Num	iber	
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		□\$122.50 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle] ! !	New F Divisio P. O. E	ING ADDRESS: ilings Section on of Corporations lox 6327 assee, FL 32314	16 MAY -6 PA	

<u>Certificate of Conversion</u>

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

16 MAY -6 PM 3-23

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: LUGLOC, LLC
Enter Name of Other Business Entity L12,0000 14216
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)
January 30, 2012 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 which it is now organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u>:
LUGLOC, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: MAY 6, 2016
(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.

1 -94						
Signed	d this 4THday of MAY		, 20 ²⁰¹⁶			
	red Signature for Florida Profit Corporation					
Signat Incorp	ture of Chairman, Vice Chairman, Director, Offi porator:	cer, or, if Directors	or Officers have not be	en selecte	ed, ar	1
Requi	red Signature(s) on betraff of Creder Business	Entity: [See below	w for required signature((s).]		
~	ure:	···				
Printed	d Name: Nicolas Keglevich	Title: Manager/	Member	_		
				_		
Printed	d Name:	Title:		_		
Signat	ure:					
Printed	d Name:	Title:		_		
Signat	ure:			_		
Printed	ł Name:	Title:		_		
Signat	ure:	****		_		
Printed	d Name:	Title:		_		
Signat	ure:			_		
	i Name:			_		
	rida General Partnership or Limited Liability ure of one General Partner.	Partnership:				
If Flor Signate	rida Limited Partnership or Limited Liability ures of <u>ALL</u> General Partners.	Limited Partners	ship:			
	rida Limited Liability Company: ure of a Member or Authorized Representative.					
All oth Signate	ners: ure of an authorized person.			F.2	16 HAY	
Fees:	Contificate of Community	#2 C 00			9- Y	
	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)			ć∂ ⊒∑	
				7-m - 1	23	

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:	FILED
The name of the corporation shall be:	16 MAY -6 PM 3-23
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	SECRETORY OF STATE
The principal place of business/mailing address is:	SECRETAIN OF STATE TALLARM VIEW, FLOWINA
Principal street address 550 N. W. 29th Street	Mailing address, if different is:
Miami, Fl. 33127	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	· .
ANY AND ALL LAWFUL BUSINESS	
4D5761.D 571 G174.DD5	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DI	RECTORS
Name and Title: NICOLAS KEGLEVICH D/P	
550 N W 29th Street	Name and Title:
Address:	Address:
Miami, Fl.	
Name and Title: MAXIMILIANO KEGLEVICH D/VP	Name and Title:
Address: 550 N. W. 29th Street	A 11
Miami, Fl. 33127	
Name and Title:	Name and Title:
Address:	Address:

	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NO	acceptable) of the registered agent is:
Name:	GASTON R. ALVAREZ, P. A.	•
Address:	2655 S. LE JEUNE ROAD, SUITE PH-1C	
	CORAL GABLES, FL. 33134	
ARTICL		
The name	and address of the Incorporator is:	
Name:	NICOLAS KEGLEVICH	
Address:	550 N. W. 29th Street	
	Miami, Fl 33127	
*****	*********	*******
Having be this certifi	en named as registered agent to accept ser cate, I am familiar with and accept the app	ice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity
/		
	Required Signature/Registered Agent	Date
I submit tl	his document and affirm that the facts state	l herein are true. I am aware that any false information submitted in a
		d degree felony as provided for in s.817.155, F.S.
		5/5/16
	Required Signature/Incorporator	Date