

PIB 000043575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

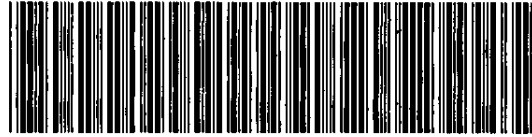
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500284981575

04/25/16--01037--016 **105.00

16 MAY 19 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Giffen MAY 20 2016

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: CC 6767 INVESTMENT CORP

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:

JOSE PUENTE

Contact Person

EXPRESS FINANCIAL CORP

Firm/Company

4805 NW 79 AV SUITE 11

Address

DORAL FL 33166

City, State and Zip Code

INFO@EXPRESSFINANCIAL.US

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

For further information concerning this matter, please call:

JOSE PUENTE

at (786) 9734286

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2016

JOSE PUENTE
4805 NW 79 AVE SUITE 11
DORAL, FL 33166

SUBJECT: CC 6767 INVESTMENT, CORP.
Ref. Number: W16000032175

We have received your document for CC 6767 INVESTMENT, CORP. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 216A00009039

RECEIVED

16 MAY 19 PM 12:54
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
16 MAY 19 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

CC 6767 INVESTMENT LLC

Enter Name of Other Business Entity

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)

on 04/03/2014

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:

N/A

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

CC 6767 INVESTMENT , CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 04/01/2016

(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.

Signed this _____ day of _____, 20_____.

Required Signature for Florida Profit Corporation:

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

Incorporator: CHARLES CALZAVARA

Printed Name: CHARLES CALZAVARA

Charles Calzavara S.
Title: PRESIDENT

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

Signature: Charles Calzavara S.

Printed Name: CHARLES CALZAVARA Title: PRESIDENT

Signature: B. Basiliky

Printed Name: ADAM BASILIKY Title: VP

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: CC 6767 INVESTMENT, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

4805 NW 79 AV

SUITE 11

DORAL FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES CALZAVARA

Address: 4805 NW 79 AV SUITE 11

DORAL FL 33166

Name and Title: _____

Address: _____

Name and Title: ADAM BASILIKY

Address: 4805 NW 79 AV SUITE 11

DORAL FL 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
16 MAY 19 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

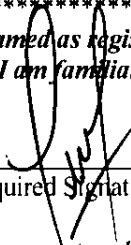
Name: JOSE PUENTE
Address: 4805 NW 79AV SUITE 11
DORAL FL 33166

ARTICLE VII INCORPORATOR

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

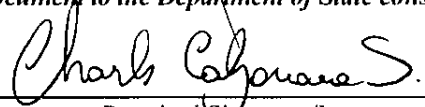
Name: CHARLES CALZAVARA
Address: 4805 NW 79AV SUITE 11
DORAL FL 33166

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

4-18-16.
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

04/18/2016
Date

16 MAY 19 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA