

P16000045223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/17/16--01004--022 **105.00

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16 MAY 17 PM 6:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JLH
5-24-16

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:

JB American LLC L16000061231

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 03/28/16
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**:

JB American Corp

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 5/9/16

(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.

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Signed this 9th day of May, 20 16.

Required Signature for Florida Profit Corporation:

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

Incorporator: Susana Bravo

Printed Name: Susana Bravo Title: Vice president

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

Signature: Jorge Bustamante

Printed Name: Jorge Bustamante Title: MGR

Signature: Susana Bravo

Printed Name: Susana Bravo Title: MGR

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)

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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: JB American Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
399 BRYN MAWR Ave NE
Palm Bay FL 32907

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Trucking Company

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ARTICLE IV SHARES

The number of shares of stock is: 100 -

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Bustamante Name and Title: Susana Bravo

Address: 399 Bryn Mawr Ave Address: 399 Bryn Mawr Ave NE
Palm Bay FL 32907 Palm Bay FL 32907

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

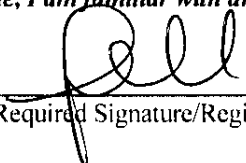
Name: Frances Manaster
Address: 1690 Royal Forest CT
W.P.B FL 33406

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Jorge Bustamante
Address: 399 Bryn Mawr Ave NE
Palm Bay FL 32907

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

5/9/16
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

5/9/16
Date

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