

P160000047895

(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



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16 MAY 29 PM 2:04
ALLA...
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JUN 2 2016

S. GILBERT

LAW OFFICES
LES H. STEVENS, P.A.
5301 NORTH FEDERAL HIGHWAY
SUITE 130
BOCA RATON, FLORIDA 33487
Telephone: (561) 989-9797
Facsimile: (561) 989-8484
E-Mail: lesstevens@earthlink.net

May 21, 2016

Via UPS Next Day Air
Secretary of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: San Fiz, LLC Conversion to San Fiz, Inc.

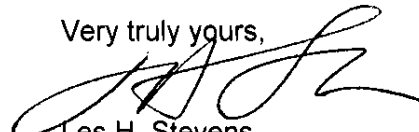
Gentlemen:

Enclosed is the Cover Letter, Certificate of Conversion and Articles of Incorporation for San Fiz, Inc., along with this firm's check in the sum of \$122.50, which represents the filing fee and fee for providing a certified copy and Certificate of Status of the filed document.

Please forward the appropriate Certificate and Certified Copy to this office as soon as practicable. I have enclosed a UPS Airbill for your convenience.

Thank you for your assistance in this matter.

Very truly yours,



Les H. Stevens

LHS/ns
enclosures (check)

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SAN FIZ, INC.

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:

LES H. STEVENS, ESQUIRE

Contact Person

LES H. STEVENS, P.A.

Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 130

Address

BOCA RATON, FLORIDA 33428

City, State and Zip Code

lesstevens@earthlink.net

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

For further information concerning this matter, please call:

LES H. STEVENS

at (561) 989-9797

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$113.75 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

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

FILED
16 MAY 29 PM 2:04
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:

SAN FIZ, 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 MAY 5, 2012

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**:

SAN FIZ, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: ON FILING

(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 MAY, 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: X Robert Rodriguez
Printed Name: ROBERT RODRIGUEZ Title: PRESIDENT

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

Signature: X Robert Rodriguez
Printed Name: ROBERT RODRIGUEZ Title: AUTHORIZED REPRESENTATIVE

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)

FILED

16 MAY 24 PM 2:04

STATE OF FLORIDA
ALLAHABAD, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: SAN FIZ, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

2720 10TH AVENUE NORTH, SUITE 100

PALM SPRINGS, FLORIDA 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT RODRIGUEZ P/S/T/D

Name and Title: _____

Address: 2720 10TH AVENUE NORTH, SUITE 100

Address: _____

PALM SPRINGS, FLORIDA 33461

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: ROBERT RODRIGUEZ
Address: 2720 10TH AVENUE NORTH, SUITE 100
PALM SPRINGS, FLORIDA 33461

ARTICLE VII INCORPORATOR

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

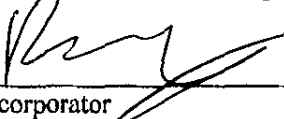
Name: ROBERT RODRIGUEZ
Address: 2720 10TH AVENUE NORTH, SUITE 100
PALM SPRINGS, FLORIDA 33461

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

x Robert Rodriguez 
Required Signature/Registered Agent

5/16/2016
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.

x Robert Rodriguez 
Required Signature/Incorporator

5/16/2016
Date