# P16000053628

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(Re	equestor's Name)		
(Address)			
(Address)			
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	isiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		





100281507291

02/01/16--01034--001 \*\*30.00

06/09/16--01020--004 \*\*75.00



06-24-19

MIB-10940

#### **COVER LETTER**

•	Division of Cor	•				
SUB.II	ECT: ROSANNA	PERAGINE, P.A.				
2020.		Name of	Resulting Fl	orida Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert 15, F.S.	an "Other Business
Please	return all corresp	condence concerning this	s matter to:			
ROSA	NNA PERAGINE					
		Contact Person				
ROSA	NNA PERAGINE	, P.A.				
		Firm/Company		<del></del>		
1619 P	ALERMO DRIVE	E				
	· · · · · · · · · · · · · · · · · · ·	Address		<del></del>		
WEST	ON, FLORIDA 33	327				
	-···	City, State and Zip Cod	e	<del></del>		
ROSA	NNAPERAGINEV	/@GMAIL.COM				
Е	-mail address: (t	o be used for future annu	ual report no	tification)		
For fur	ther information	concerning this matter,	please call:			
	NNA PERAGINE		at (	918-0	123	
	Name of Co	ontact Person	_at (Ar		l Daytime Telephone Numbe	er
Enclos	ed is a check for	the following amount:				
<b>=</b> \$10:	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 and Certific		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New Find Division Clifton	ET ADDRESS: ilings Section on of Corporation Building xecutive Center			New F Divisio P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2016

ROSANNA PERAGINE 1619 PALMERMO DR. WESTON, FL 33327

SUBJECT: ROSANNA PERAGINE, P.A.

Ref. Number: W16000010940

We have received your document for ROSANNA PERAGINE, P.A. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

You must submit Articles of Incorporation for a Florida profit corporation along with the Certificate of Conversion. The Articles of Incorporation must be signed by an incorporator.

The fees to file the Certificate of Conversion and Articles of Incorporation total \$105.00 (\$35 filing fee for the Certificate of Conversion, \$35 filing fee for Articles of Incorporation, and \$35 for the Registered Agent Designation). Enclose an additional \$8.75 for each certified copy or certificate of status requested.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 316A00003049

JUN -7 AH 8: 54



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2016

ROSANNA PERAGINE 1619 PALMERMO DR. WESTON, FL 33327

SUBJECT: ROSANNA PERAGINE, P.A.

Ref. Number: W16000010940

We have received your document for ROSANNA PERAGINE, P.A. 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 specific business purpose of the professional association must be stated in the document.

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.

Tim Burch Regulatory Specialist II

Letter Number: 516A00012188

RECEIVED

www.sunbiz.org

Division of Corporations - P.O. ROY 6327 - Tallahassaa, Florida 32314

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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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" immedia	ately prior to the filing of this Certificate of Cor	nversio	n is:	
PERAGINE COMPANY, LLC	L14-168982	$\mathbf{\Sigma}_{i,j}$		
Enter Nan	ne of Other Business Entity		<b>∂</b>	OCTACO OF
	LITY COMPANY		JUN 2	II (
(Enter entity type. Example: general partnership, common	limited liability company, limited partnership, n law or business trust, etc.)		21 PM	The Park
first organized, formed or incorporated under the law	FLORIDA	( U) ( O) ( O	-	Towns
(Enter state, or if a no	on-U.S. entity, the name of the country)	DATE.	5	T. Carrier St.
10/24/2014 on		جق		
	tity" was first organized, formed or incorporated	d		
3. If the jurisdiction of the "Other Business Entity" vorganized, formed or incorporated:	was changed, the state or country under the law	s of wh	ich it i	is now
4. The name of the Florida Profit Corporation as set	forth in the attached Articles of Incorporatio	<u>n:</u>		
ROSANNA PERAGINE, P.A.				
Enter Name	of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effe	06/01/2016			
(The effective date: 1) cannot be prior to nor mor	re than 90 days after the date this document i			
Department of State; <u>AND</u> 2) must be the same as if an effective date is listed therein.)	s the effective date listed in the attached Artic	cles of l	lncorp	poration
Note: If the date inserted in this block does not meet	t the applicable statutory filing requirements, th	is date	will n	ot be
listed as the document's effective date on the Departs				

Signed thisday of	, 20 <sup>16</sup>			
Required Signature for Florida Profit Corporation				
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: ROSANNA PERAGINE Title: PRESI		n selecte	ed, an	
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s	s).]		
Signature:				
Printed Name:	Title: AMBR			
Signature:			<u>ವ</u>	
Printed Name:	Title:			"THE PERSON
Signature:			2	** Irrahida ** A Salata **
Printed Name:	Title:	면 프랑	2	
Signature:		4.007	t: 50	
Printed Name:		<b>&gt;</b>		
Signature:				
Printed Name:	Title:			
Signature:	<del></del>			
Printed Name:				
If Florida General Partnership or Limited Liability Signature of one General Partner.	<u>Partnership:</u>			
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:			
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$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:  ROSANNA PERAGI	NE, P.A.	
•		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
Principal street address 1619 PALERMO DRIVE	Mailing address, if different is: 1619 PALERMO DRIVE	
WESTON, FLORIDA 33327	WESTON, FLORIDA 33327	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  REAL ESTATE		
	<u> </u>	
		57 220 pg
	100 AV	- Francis
	F. 377	g a
ARTICLE IV SHARES The number of shares of stock is: 1,000		
ARTICLE V INITIAL OFFICERS AND/OR DIS		
Name and Title: ROSANNA PERAGINE, PRESIDENT	Name and Title:	
Address: 1619 PALERMO DRIVE	Address:	
WESTON, FLORIDA 33327		
Name and Title:	Name and Title:	
Address:	Address:	
Name and Title:	Name and Title:	
Address:	Address:	

	E VI REGISTERED AGENT e and Florida street address (P.O. Box	NOT acceptable) of the registered agent is:
Name:	ROSANNA PERAGINE	
Address:	1619 PALERMO DRIVE	
	WESTON, FLORIDA 33327	
ARTICL		A contact of the cont
i ne <u>name</u>	e and address of the Incorporator is:	es To common
Name:	ROSANNA PERAGINE	
Address:	1619 PALERMO DRIVE	
	WESTON, FLORIDA 33327	
*****	**********	******
		t service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent	06 102/16 Date
		stated herein are true. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.
	BU	00/02/16
	Required Signature/Incorporator	Date

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