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(Re	questor's Name)	
(Ad	dress)	
- (Ad)	dress)	
	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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07/29/16

COVER LETTER

10.	Division of Cor	porations				
SURT	ECT: JANA FA	CTORY, INC				
SC DO		Name of I	Resulting Florida P	rofit (Corporation	
		e of Conversion, Articles Profit Corporation" in ac			es are submitted to convert a 5, F.S.	an "Other Business
Please	return all corresp	ondence concerning this	s matter to:			
	I	LUZ MONTOYA				
	·	Contact Person				
ACCL	JRATE TAX RETU	JRNS AND ACCOUNTIN	G SERVICES INC			
		Firm/Company				
	10244 I	E. COLONIAL DR, STE 1	13			
		Address				
		ORLANDO, FL 32817				
		City, State and Zip Code	e			
luz.	accuratetax@gmail	.com				
	E-mail address: (t	o be used for future annu	al report notificati	on)		
For fu	rther information	concerning this matter,	please call:			
LU	Z MONTOYA		_at ()	985-2	2513	
-	Name of Co	ontact Person	Area Coo	le and	Daytime Telephone Number	er
Enclo	sed is a check for	the following amount:				
- \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing and Certified Cop		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	EET ADDRESS: Filings Section ion of Corporation in Building Executive Center massee, FL 32301	Circle	N L F	New F Divisio P. O. B	ING ADDRESS: illings Section on of Corporations lox 6327 assee, FL 32314	

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: JANA FACTORY, LLC
(211 - 016 577) 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 ofFLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
02/08/2011 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 attached Articles of Incorporation: JANA FACTORY, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (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.

Page 1 of 2

Signed thisday of	, 20 16
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office	er, or, if Directors or Officers have not been selected, an
Incorporator: Printed Name: JOSEN. GARCIA Title: PRESIDI	ENT
Required Signature(s) on behalf of Other Business E.	ntity: [See below for required signature(s).]
Signature:	
Printed Name: JOSE N. ØARCIA	_ Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
Signature:	
Printed Name:	_ Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability I Signatures of ALL 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)

The name of the corporation shall be:		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different is:	on :2194
9113 BACHMAN ROAD SUITE A - 103		
ORLANDO, FL 32824		
ARTICLE III PURPOSE		
The purpose for which the corporation is organize	ed is:	
FOR ANY AND ALL LAWFULL BUSINESS		
······		
ARTICLE IV SHARES The number of shares of stock is:		
The number of shares of stock is:		-
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C	OR DIRECTORS	-
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: 7606 CRAIG CT	OR DIRECTORS Name and Title: PRESIDENT	-
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: 7606 CRAIG CT	OR DIRECTORS Name and Title: PRESIDENT Address:	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: JOSE N. GARCIA 7606 CRAIG CT ORLANDO, FL 32835	OR DIRECTORS Name and Title: PRESIDENT Address:	
Address: ORLANDO, FL 32835 Name and Title:	Name and Title: Name and Title: PRESIDENT	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: JOSE N. GARCIA 7606 CRAIG CT ORLANDO, FL 32835 Name and Title: Address: Address:	Name and Title: Name and Title: PRESIDENT	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: JOSE N. GARCIA 7606 CRAIG CT ORLANDO, FL 32835 Name and Title: Address:	Name and Title: Name and Title: PRESIDENT	
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/C Name and Title: JOSE N. GARCIA 7606 CRAIG CT ORLANDO, FL 32835 Name and Title: Address: Address:	Name and Title: Name and Title: Name and Title: Name and Title: Name and Title:	

	e and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	LUZ MONTOYA			
Address:	10244 E. COLONIAL DR, STE 113			
	ORLANDO, FL 32817		<u> </u>	71.2
ARTICL	E VII INCORPORATOR		133 <u></u> 3	
The name	and address of the Incorporator is:			1.
Name:	JOSE N. GARCIA		PI: 12	1 1962 77 34
Address:	7606 CRAIG CT		provide the state of the state	200 T
	ORLANDO, FL 32835			
	**************************************			gnated in
	Lux Vontala	07/01/2016		
	Required Signature/Registered Agent	Date		
	his document and affirm that the facts stated herein ar to the Department of State constitutes a third degree fe		ion subm	itted in a
		07/01/2016		
	Required Signature/Incorporator	Date		