# P1600006950/

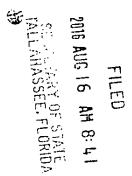
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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### **COVER LETTER**

	egistration Solvision of C					
SUBJEC	T: MACM	AC FLORIDA CORF	ο.			
		Name of R	tesulting Florida	Profit Con	poration	
					and fees are submitted to concordance with s. 607.1115, F.S	
Please re	turn all corre	espondence concerning	g this matter to	<b>)</b> :		
Robert H	Hayden					
		Contact Person				
Filings,	Inc.					
		Firm/Company				
3732 NV	V 16th Stree	et				
		Address				
Fort Lau	uderdale, F	lorida 33311				
	С	ity, State and Zip Code				
Filings(	@blacksto	nelegal.com be used for future annual r	eport notification	ı) <u> </u>		
For furth	er information	on concerning this ma	tter, please cal	1:		
Robert F	Hayden	J	at ( 954	) 791	-2002	
	Name of Con	tact Person		and Dayti	me Telephone Number	
Enclosed	is a check f	or the following amou	ınt:			
☑ \$105.00	O Filing Fees	\$113.75 Filing Fees and Certificate of Status	■\$113.75 Fili and Certified C		\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Registrat Division Clifton B	F ADDRESS ion Section of Corporati Building	ions	Regi Divis P. O	stration S sion of C . Box 63	Corporations	

Tallahassee, FL 32301

#### 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 to their

Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

FILED

2016 AUG 16 AM 8: 41

SIL IN TRAY OF STATE

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: MACMAC FLORIDA LLC L15 - 1991a9
Enter Name of Other Business Entity limited liability company 2. The "Other Business Entity" is a (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 \_\_\_\_ (Enter state, or if a non-U.S. entity, the name of the country) 11/25/2015 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: MACMAC FLORIDA CORP. 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.

Signed	this	12	_day of	AUGU	IST		, 20 <u>/6</u>	<u> </u>			
			,		rporation:						
Signatu Incorpo Printed	re of Chai orator: Name: Ca	irman, arlos J.	Vice Chai Villanueva	rman, Dir	ector, Office	er, or, if Director	rs or Officers h	ave not bee	n selected,	an	
Dequir	ed Sianat	ure(s)	an hehalf	of Other	Rusiness F.	ntity: [See belo			s).]		
Signatu	ıre:	4									
Printed	Name:	rlos J.	Villanueva			_ Title: Manager	r ————				
Signatu	ие:		<del></del>		<del></del>				-		
Printed	Name:					Title:			-		
Signatu	ıre:										
Printed	Name:				·	Title:			_		
Signatu	ıге:								-470		
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Signatu	ıre:						·		HAS	AUG I	71
Printed	l Name:					Title:			ART OF	16 AH	0371
Signati	ıre:	·		<del></del> _				<del></del>	OF STATE EE. FLORIDA	ά ⊒	
Printed	Name:	<u>.</u>				Title:			- ADS	ŧ_	
			rtnership al Partner.	or Limite	d Liability	Partnership:					
			rtnership oneral Partne		d Liability	Limited Partne	rship:				
			ability Cor		esentative.						
All oth Signatu		uthori	zed person								
Fees:	Certifica	te of (	Conversion			\$35.00					
		Florid Copy	a Articles o		ration:	\$70.00 \$8.75 (Option: \$8.75 (Option:					

Page 2 of 2

## ARTICLES OF INCORPORATION 'In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ADTICLE I MAME	FILED
The name of the corporation shall be: MACMAC FLORIDA	CORP. 2016 AUG 1-6 AM 8: 4 I
ARTICLE II PRINCIPAL OFFICE	Share ANY OF STATE
The principal place of business/mailing address is:	TALLAHASSEE, FLORIDA
Principal street address 1820 North Corporate Lakes Blvd, Suite 306	Mailing address, if different is:
Weston, Florida 33326	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  The corporation will be authorized to undertake any legal and	unlid huninger murnore or recognized
	valid business purpose as recognized
under the laws of the State of Florida.	
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	<u>PECTORS</u>
Name and Title: Carlos J. Villanueva Sec./Director	Name and Title:
Address: 1820 N. Corporate Lakes Blvd, Suite 306	Address:
Weston, Florida 33326	Addiess.
Name and Title:	Name and Title:
Address:	Address:
Walt despera	
Name and Title:	Name and Title:
Address:	Address:

ARTICL The name	E VI REGISTERED AGENT  and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	Carlos J. Villanueva P.A.	FILED
Address:	1820 N. Corporate Lakes Blvd, Suite 306	2016 AUG 16 AM 8: 41
	Weston, Florida 33326	SE, GRARY OF STAIL TALLAHASSEE, FLORIDA
ARTICL	LE VII INCORPORATOR	<b>B</b>
	e and address of the Incorporator is:	
Name:	Carlos J. Villanueva, Esq.	
Address:	1820 N. Corporate Lakes Blvd. Suite 306	
	Weston, Florida 33326	
this certifi	een named as registered agent to accept service of proficate, I am familiar with and accept the appointment of J. V. LAMCIO P.A.	ecess for the above stated corporation at the place designated in its registered agent and agree to act in this capacity  AUS. 12, 2014
	Required Signature/Registered Agent	Date
	this document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information submitted in a felony as provided for in s.817.155, F.S.
_ <	take	AV6.12,2016
	Required Signature/Incorporator	Date