## P16000077290

(Re	equestor's Name)	<del></del>
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE HIVISION OF CORPORATION

- 09/21/16

## **COVER LETTER**

TO:

**Charter Section** 

Division of Cor	porations		
SUBJECT:	SENTINATEO Name of	H CORP Resulting Florida Prof	t Corporation
	e of Conversion, Articles Profit Corporation" in ac		fees are submitted to convert an "Other Business 115, F.S.
Please return all corresp	oondence concerning this	s matter to:	
CRISTINI	A DO VALUE  Contact Person	<u> </u>	
	Contact Person		
SENTINA	TECH LLC		
	Firm/Company		
6705 S	w 122 Dr.		
	Address		
MI AMI,	FL 33156		
	City, State and Zip Code	9	
cdova	lle @ sentinat	tech.com	
E-mail address: (t	o be used for future annu	ual report notification)	
For further information	concerning this matter,	please call:	
CRISTINA DO	VALUE	at (786)	197-4747
Name of Co	ontact Person	Area Code a	nd Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fee and Certified Copy	S 122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		New Divis	LING ADDRESS: Filings Section sion of Corporations Box 6327 hassee, FL 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" immediately prior to the filing of this Certificate of Conversion is:
SENTINATECH LLC
SENTINATECH LLC  (216-146 830) 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 AVGUST 5th, 2016
on AVGUST 5-th, 2016  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:
SENTINATECH 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 Florid 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.
aside as the document's effective date on the Department of State's records.

Page 1 of 2

Signed	this ISH day of SEPTEMBE	JR , 20 16	
<u>Requi</u>	red Signature for Florida Profit Corporation	<u>1:</u>	
Signat Incorp Printe	ture of Chairman, Vice Chairman, Director, Official Control of Chairman, Vice Chairman, Director, Official of Chairman, Official o	icer, or, if Directors or Officers have not bec	n selected, an
Requi	red Signature(s) on behalf of Other Business	Entity: [See below for required signature(	s).
Signat	rure: <u>CdoValle</u>		-
Printe	d Name: CRISTINA DO MILLE	Title: CEO	-
Signat	ture:		-
Printe	d Name:	Title:	-
Signat	ure:		-
Printe	d Name:	Title:	-
Signat	aure:		-
Printe	d Name:	Title:	-
Signat	ture:		-
Printe	d Name:	Title:	_
Signat	ure:		-
Printe	d Name:	Title:	_
•	rida General Partnership or Limited Liabilit ture of one General Partner.	y Partnership:	
	rida Limited Partnership or Limited Liabilit Tures of <u>ALL</u> General Partners.	y Limited Partnership:	
	rida Limited Liability Company: ure of a Member or Authorized Representative.		
All oti Signat	hers: ure of an authorized person.		16 SEP 19
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)	9 AM

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

The name of the corporation shall be: SENTIN	ATTECH CORP
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	16 SEP
Principal street address 6705 SW 122 DR	Mailing address, if different is:
MIAMI, FL 33156	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
TO CONDUCT LAWFUL	BUCINESS
	<del></del>
	<u>.                                    </u>
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRI	ECTORS
Name and Title: CRISTINA DO VAME / P	Name and Title: AND RE DO VALUE / P
Address: 6705 SW 122 DR.	Address: 6705 SW 122 DR.
MIAMI, FL 33156	MIAMI, FL 33156
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: <u>CRISTINA DO VALVE</u>
Address: 6705 SW 122 NR
MIAMI, FL 33156
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Name: CRISTINA DO VA WE
Address: 6705 SW 122 DR.
MIAMI, FL 33156
*************
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  September 15, 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.
Required Signature/Incorporator  September 15, 2016  Date