# P16000080679

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





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W16-61626



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#### **COVER LETTER**

TO:

**Charter Section** 

Division of Corporations
SUBJECT: Coral Company Network
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:
Lourdes Mansour
Contact Person
Lopez Lovi Lowerstein
Firm/Company
201 Alhambra arche, Swite 701 Address
Chral Fables FL 33134 Clty, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code and 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 Fees   \$1122.50 Filing Fees, Certified Copy   \$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



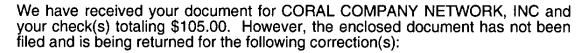
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2016

LOURDES MANSOUR LOPEZ LEVI LOWESTEIN 201 ALHAMBRA CIRCLE STE 701 CORAL GABLES, FL 33134

SUBJECT: CORAL COMPANY NETWORK, INC

Ref. Number: W16000061626



The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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 III

Letter Number: 916A00019029

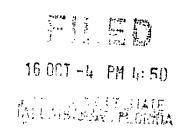
## Certificate of Conversion

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:				
Coral Company Network, LLC 209-96103.  Enter Name of Other Business Entity				
2. The "Other Business Entity" is a LLC  (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				
on Ucu 12 2009  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 <u>attached Articles of Incorporation:</u>				
<u>Coral Company Network Inc.</u> 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)				

Signed this 17 day of August	<u>, 20_16</u> .	
Required Signature for Florida Profit Corporati	on:	
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator: X  Printed Name: Extra Antolo lockiquez Title:	Officer, or, if Directors or Officer	's have not
Required Signature(s) on behalf of Other Business signature(s).]  Signature: X  Printed Name: Barney Antonio Podria 162		
		<del></del>
Signature:Printed Name:	Title	
·		met contract
Signature:Printed Name:	<del>-</del>	<u>ි.</u> - ගි
Printed Name:	Title:	<u> </u>
Signature:		
Signature: Printed Name:	Title:	a
<b>)</b>	,	
Signature:Printed Name:	Title:	
}		<del>gan</del> C
Signature:		<del></del>
Signature:Printed Name:	_ Title:	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y 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:	Company Network Inc.
ARTICLE II PRINCIPAL OFFICE	, ,
The principal place of business/mailing address is:	N. W 11 . 10 P. W
Principal street address	Mailing address, if different is:
22541 SN 179 Avenue	
Miami, FL 33170	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is	16 OCT -1
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	<u> </u>
	5 5 S
ARTICLE IV SHARES The number of shares of stock is: 1,000.	
ARTICLE V INITIAL OFFICERS AND/OR	
Name and Title: Bruey Antonia Rodriguez/Pres	ident Name and Title:
Address: 22541 SN 179 Ave.	Address:
Miami FL 33170	<u> </u>
Name and Title: Tuscon Boy Enterprises, LTD/Se	Name and Title:
Address: 22541 SW MG DVC.	Address:
Miami, FL 33170	
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: Borney Arbanio Rodriguez	
Address: 22541 SN 179 Are.	
Hiani EL 33170	

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:				
Name:	Bormay Antonio Radriguez	,		
Address:	22541 SW MG Ave.			
	Hiami FL 33170			
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	3h	di /F1/8		
	Required Signature/Registered Agent	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	Broth	31/F1/8		
	Required Signature/Incorporator	Date		

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