-P16000081071

(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:				
Needed Consension Docs				





700289882217

10/05/16--01020--023 **77.00
09/07/16--01014--017 **30.00

2016 OCT - 5 AM 9: 52

COVER LETTER

10:	Division of Con	porations			
SHRJI	FCT: DANNY W	. MASCARENHAS, P.A.			
зово	ECT:	Name of	Resulting Flori	da Profit	Corporation
		e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please	return all corresp	ondence concerning this	s matter to:		
FREDI	DY ALEQUIN				
		Contact Person			
NATIO	ONAL ACCOUNT	ING & MGMT, LLC.			
		Firm/Company			
1 PUR	LIEU PLACE SU	ITE 220			
		Address			
WINT	ER PARK, FL 32	792			
		City, State and Zip Code	€		
natlacc	tg@yahoo.com				
Ē	-mail address: (t	o be used for future annu	al report notific	cation)	
For fu	ther information	concerning this matter,	please call:		
Freddy	Alequin		at (407	677-5	
	Name of Co	ontact Person	Area	Code and	l Daytime Telephone Number
Enclos	ed is a check for	the following amount:			
3 \$10	_	□\$113.75 Filing Fees and Certificate of Status			☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F Division Clifton 2661 E	ET ADDRESS: ilings Section on of Corporation Building executive Center assee, FL 32301			New F Division P. O. E	ING ADDRESS: Gilings Section on of Corporations Box 6327 assee, FL 32314



September 8, 2016

NATIONAL ACCOUNTING & MANAGEMENT, LLC. FREDDY ALEQUIN
1 PURLIEU PLACE, STE. 220
WINTER PARK, FL 32792

SUBJECT: MASCARENHAS HOMES LLC

Ref. Number: L15000133490

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

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

The specific purpose of the entity must be set forth 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) 245-6051.

Letter Number: 216A00019013

Karen A Saly Regulatory Specialist II

www.sunbiz.org

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

2018 OCT -5 AM 9: 52

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:
MASCARENHAS HOMES LLC L15-133490
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
on September 05, 2015 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: 1/2 1/2
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
DANNY W. MASCARENHAS, P.A.
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

Page 1 of 2

Signed thisday of		, 20	FILE	ED
Required Signature for Florida Profit Cor			2016 OCT -5	AM 9:50
Signature of Chairman, Vice Chairman, Direct Incorporator: Printed Name: Damy W. Mascarenhas Title	ctor, Officer, or, if Director	rs or Officers have n	ot been selected, a	n
Required Signature(s) on behalf of Other I	Business Entity: [See belo	ow for required signs	ature(s).]	
Signature:			 :	
Printed Name: Danny W. Mascarenhas	1 ide:	Manager	· · · · · · · · · · · · · · · · · · ·	
Signature: Signature: Mass	soh-			÷
Printed Name: Sigourney N. Mascarenhas	Title: Member	Manager		
Signature:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		vision and Windows V	
Printed Name:	Title:			
Signature:				
Printed Name:	Title:			
Signature:				
Printed Name:	Title:		5-4	
Signature:				
Printed Name:	Title:		ann-A-manacha	
If Florida General Partnership or Limited Signature of one General Partner.	Liability Partnership:			
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partner	<u>eship:</u>		
If Florida Limited Liability Company: Signature of a Member or Authorized Representation	entative.			
All others: Signature of an authorized person.				
Fees: Certificate of Conversion: Fees for Florida Articles of Incorpora Certified Copy: Certificate of Status:	\$35.00 tion: \$70.00 \$8.75 (Optiona \$8.75 (Optiona		1.6	

Page 2 of 2

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

FILED 2016 OCT -5 AM 9: 52

ARTICLE I NAME DANNY W. MASCARI	ENHAS, P.A.
The name of the corporation shall be:	92 - AP 112 65
ARTICLE II PRINCIPAL OFFICE	TALLAMASSEE, FLOI
The principal place of business/mailing address is:	4 ,
Principal street address 12529 Lynchburg Court	Mailing address, if different is:
Orlando, FL. 32837	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Realtor - (Real Estate Agent, Purchases and Sales of Real Estate	e)
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRI	ECTORS
Danny W Mascarenhas, President/Treasurer Name and Title:	Name and Title: Sigourney N Mascarenhas, V President/Sec
Address: 12529 Lychburg Court	Address: 12529 Lynchburg Court
Orlando, FL. 32837	Orlando, FL. 32837
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

	e and Florida street address (P.O. Box NOT acceptable	le) of the registered agent is: FILEU	
Name:	Danny W. Mascarenhas	2016 OCT -5	
Address:	12529 Lynchburg Court	Mr. 9: 52	
	Orlando, FL 32837	2016 OCT -5 AM 9: 52	
<u>ARTICL</u>			
The <u>name</u>	e and address of the Incorporator is:		
Name:	Danny W. Mascarenhas		
Address:	12529 Lynchburg Court		
	Orlando, FL 32837		
*****	*********	*******	
	een named as registered agent to accept service of pro icate, I am familiar with and accept the appointment a		gnated in
_	A m	September 28, 2016	
4			
£	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herein i	are true. I am aware that any false information subm	itted in a
		are true. I am aware that any false information subm	itted in a
	this document and affirm that the facts stated herein i	are true. I am aware that any false information subm	itted in a

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