P160000 83097

(Re	equestor's Name)	
(Ad	ldress)	····
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

N. SAMS 0CT 1 4 2016



500290351315

09/30/16--01002--019 **113.75





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2016

NETTIE DAIVS 846 SW MAIN BLVD LAKE CITY, FL 32025

SUBJECT: CAPOTE CATTLE COMPANY INC

Ref. Number: W16000067940

We have received your document for CAPOTE CATTLE COMPANY INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of the entity cannot include "COMPANY." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

COMPANYYou have to use either COMPANY OR INC for the suffix of your entity.

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.

Nadira D Mc@lees-Sams Regulatory Specialist II

ee allached

Letter Number: 616A00021245

COVER LETTER

Division of Corporation	s					
SUBJECT: CApot	· Cattle	$e^{-\left(\int_{\Omega} \int_{$	UM TN	4		
SCHSECT.	Name of Re	sulting Florida Profit	Corporation			
The enclosed Certificate of Con- Entity" into a "Florida Profit Co				l to convert an "O	her Bu	siness
Please return all correspondence	concerning this m	atter to:				
Nettie DA	Vi5					
Nettie DAV	Company			FALLABI	281\$ SEP	emiji
846 SW 8	hain Bl	Ve		SECTION	30 AMI	
LAKe City, Sta	1 320 ate and Zip Code)2 <u><</u>			æ æ	
E-mail address: (to be used	d for future annual	report notification)				
For further information concern	ing this matter, ple	ase call:	_			
Nettie DAJIS Name of Contact Pe		(<u>386) 75.</u> Area Code and	2 - 4576 Daytime Teleph	hone Number		
Enclosed is a check for the follo	wing amount:					
□ \$105.00 Filing Fees \$2\$113 and Cen Status	-	1\$113.75 Filing Fees and Certified Copy	□\$122.50 Filin Certified Copy Certificate of S	, and		
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building		New F. Divisio	ING ADDRESS ilings Section on of Corporation Box 6327			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, 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:
Canata Cattla Canada II Ca
CApote CA+Le Company LLC Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>himited LADILITY Company</u> (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust. etc.)
a la
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
Enter date "Other Business Entity" was first organized, formed or incorporated
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>
Capate Cattle INC. Enter Name of Florida Profit Corporation
Apore Alle Inc.
Enter Name of Florida Front Corporation
i t
5. If not effective on the date of filing, enter the effective date: 10 1 2017.
(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 26 May of August	, 20 <u>lb</u>
Required Signature for Florida Profit Corporation	
Signature of Chairman Vice Chairman. Director, Office Chairman. Director, O	cer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	
Signature: My Super	
Printed Name: Roberto CApote	Title: Pres
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> 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: (Apote	Cattle 1	NC.	2016 SEP 30 AM 11: 58
ARTICLE II PRINC	PIPAL OFFICE			ALLAHASSAS, TLORES
The principal place of busin	ess/mailing address is:			いたとれば、大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大
	street address TENK		Mailing address, if di	fferent is:
Hialenh,	FL 33012			
The purpose for which the	corporation is organized is:	siness		
				 .
			· · · · · · · · · · · · · · · · · · ·	
	~ .			
ARTICLE IV SHARE The number of shares of sto				
ARTICLE V INITIAL	OFFICERS AND/OR DII	RECTORS		<u></u>
Name and Title: Rober	. ^ .	Name and Ti	tle:	
Address: 150 kg	64th Terr	_ Address:		
Hiple) 64th Terr enh, Fl 33012	_		
Name and Title:		_ Name and Ti	tle:	
Address:		Address:		
			tle:	

ANTICLE VI REGISTERED AGEN	$oldsymbol{T}^{'}$
	Box NOT acceptable) of the registered agent is:
Name: Roberto Capot	<u>e</u>
Address: No W 64 th Ten	2R
Hialeah, Fl 3	3012
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is	S:
Name: Nettre DAVis.	Inc
Address: 846 SW MAT	N Blud
LAKE City F	1 32025
**********	· ***********
	accept service of process for the above stated corporation at the place designated in of the appointment as registered agent and agree to act in this capacity
the Circle	8/26/16
Required Signature/Registered A	Agent / Date
	facts stated herein are true. I am aware that any false information submitted in a tutes a third degree felony as provided for in s.817.155, F.S.
Lettre Davis	8/26/16
Required Signature/Incorporator	Date