# 7/6000092898

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



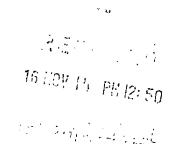
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### FLORIDA DEPARTMENT OF STATE Division of Corporations



October 6, 2016

DANIEL BEIRNE 1465 NE 29TH STREET POMPANO BEACH, FL 33064

SUBJECT: MOVING ACCOUNTS INC

Ref. Number: W16000068547

We have received your document for MOVING ACCOUNTS INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records. - I make Active 11/8/16

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 116A00021515

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PAT USE # 238.75

#### **COVER LETTER**

TO:	Charter Section Division of Corporations				
CUD	MOVING ACCOUNTS IN	С			
SUB	JECT:	Name of Resultin	g Florida Profit	Corporation	
	enclosed Certificate of Conversio y" into a "Florida Profit Corporat				"Other Business
Pleas	e return all correspondence conce	erning this matter	o:		
DAN	IEL BEIRNE				
	Contact P	erson			
DAN	IEL BEIRNE, CPA				
	Firm/Con	прапу			
1465	NE 29TH STREET				
	Addre	rss			
РОМ	PANO BEACH, FL 33064				
	City, State and	d Zip Code			
unde	raudit@gmail.com				
	E-mail address: (to be used for f	uture annual repor	t notification)		
For f	urther information concerning th	is matter, please ca	ill:		
DAN	HEL BEIRNE	954 at (	549-3	757	
	Name of Contact Person		Area Code and	d Daytime Telephone Number	
Encl	osed is a check for the following	amount:			
<b>□</b> \$1	05.00 Filing Fees Status Status		6.75 Filing Fees rtified Copy	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	15 MOV
New Divi:	EET ADDRESS: Filings Section sion of Corporations on Building		New F Division	ING ADDRESS: Cilings Section on of Corporations Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## 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.

MOVING ACCOUNTS, LLC  Enter Name of Other Business Entity  2. The "Other Business Entity" is a  (Enter entity type. Example: limited liability company, limited partnership.
Enter Name of Other Business Entity  2. The "Other Business Entity" is a
(Enter entity type. Example: limited hability company, limited partnership,
(Enter entity type. Example: limited hability 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)  NOVEMBER 13, 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:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> MOVING ACCOUNTS, INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  OCTOBER 1, 2016
(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 28TH day of SEPTEMBER	. 20
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: DANIEL BEIRNE Title: CPA	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Printed Name: MIRIAM MARTINEZ	Title: PRESIDENT
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.	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:	entern Septi

\$35.00

\$70.00

**\$8.75** (Optional)

\$8.75 (Optional)

Certificate of Conversion:

Certified Copy:

Certificate of Status:

Fees for Florida Articles of Incorporation:

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

The name of the corporation shall be:  ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address 3004 NW 130TH TERRACE	Mailing address, it	different is:
SUNRISE, FL 33323		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized	l is:	
TO PERFORM SERVICES IN THE MOVING INDUS	STRY	
ADTICI F IV CHARPS		
ARTICLE IV SHARES The number of shares of stock is:		
The number of shares of stock is:		
The number of shares of stock is:	R DIRECTORS	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O  Name and Title:  MIRIAM MARTINEZ  3004 NW 130TH TERRACE	R DIRECTORS	<u>ল</u>
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O  Name and Title:  MIRIAM MARTINEZ  3004 NW 130TH TERRACE	R DIRECTORS  Name and Title:	6
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O  Name and Title:  MIRIAM MARTINEZ  Address:  SUNRISE, FL 33323	R DIRECTORS           Name and Title:           Address:	6 6 7 7 7 03
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O  Name and Title:  MIRIAM MARTINEZ  3004 NW 130TH TERRACE  SUNRISE, FL 33323  Name and Title:	Name and Title:  Address:  Name and Title:	16 109 FF FF 50 50 50
SUNRISE, FL 33323  Name and Title:	Name and Title:  Address:  Name and Title:  Address:	16 09 FR 55 50

<u>ARTICL</u>	<u>E VI REGISTERED AGENT</u>	
The <u>name</u>	and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name:	DANIEL BEIRNE	<del></del>
Address:	1465 NE 29TH STREET	
	POMPANO BEACH, FL 33064	
ARTICL	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	DANIEL BEIRNE	
Address:	1465 NE 29TH STREET	
	POMPANO BEACH, FL 33064	
*****	***********	********
Having be this certifi	een named as registered agent to accept s icate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated in opointment as registered agent and agree to act in this capacity
//		9/28/16
v	Required Signature/Registered Agent	Date
l submit ti	his document and affirm that the facts st	ated herein are true. I am aware that any false information submitted in a
document	to the Department of State constitutes a v	hird degree felony as provided for in s.817.155, F.S.
$\searrow$		- 9/28/15
	Required Signature/Incorporator	Date

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