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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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MAIL

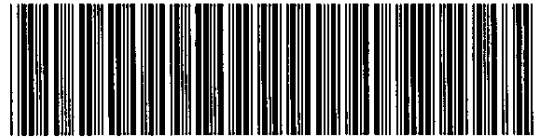
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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C. GOLDEN

NOV 23 2016

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COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: Jara Consulting Services  
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:

Ismael Rosales  
Contact Person

The Biz Angels  
Firm/Company

20325 NW 52nd Ave.  
Address

Miami Gardens, FL 33055  
City, State and Zip Code

Ismael.Services@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ismael Rosales at ( 305 ) 323-1050  
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 and 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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2016

ISMARY ROSALES  
20325 NW 52ND AVENUE  
MIAMI GARDENS, FL 33055

SUBJECT: JARA CONSULTING SERVICES CORP.  
Ref. Number: W16000066267

We have received your document for JARA CONSULTING SERVICES CORP. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return the corrected original and one copy of 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.

(850) 245-6973  
Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 116A00020669



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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16 OCT 14 PM 3:11

October 24, 2014

CESAR F. JARA  
2350 WEST 60TH STREET  
SUITE #4  
HIALEAH, FL 33016

SUBJECT: JARA CONSULTING SERVICES CORP.  
Ref. Number: W14000060725

We have received your document for JARA CONSULTING SERVICES CORP. and your check(s) totaling \$105.00. 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 document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of 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. (850)-245-6900

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 414A00022810

Collected & Signed  
C. J. 8/20/2015

16 SEP 16 11:24  
CORPORATION  
COMMERCIAL  
SERVICES

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

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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:

Jara Consulting Services LLC  
Enter Name of Other Business Entity LO2000006026

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 3/13/2002  
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:

Florida

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Jara Consulting Services 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 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 9<sup>th</sup> day of September, 2016.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Cesar Jara Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

\*Signature: [Signature]

Printed Name: Roxana I. Jara Title: MGR

\*Signature: [Signature]

Printed Name: Cesar F. Jara Title: BA

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

|   |                   |
|---|-------------------|
| Certificate of Conversion:                  | \$35.00           |
| Fees for Florida Articles of Incorporation: | \$70.00           |
| Certified Copy:                             | \$8.75 (Optional) |
| Certificate of Status:                      | \$8.75 (Optional) |

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

**ARTICLE I NAME**

The name of the corporation shall be:

Jara Consulting Services Corp.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

6175 NW 153rd St.  
Suite #204  
Miami Lakes, FL 33014

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Sales and Services

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cesar F. Jara (President) Name and Title: \_\_\_\_\_

Address: 6175 NW 153rd St. Address: \_\_\_\_\_  
Suite #204  
Miami Lakes, FL 33014

Name and Title: Roxana I. Jara (Vice-President) Name and Title: \_\_\_\_\_

Address: 6175 NW 153rd St. Address: \_\_\_\_\_  
Suite #204  
Miami Lakes, FL 33014

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: Cosce F. Jara  
Address: 6175 NW 153rd St.  
Suite 204  
Miami Lakes, FL 33014

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cosce F. Jara  
Address: 6175 NW 153rd St  
Suite 204  
Miami Lakes, FL 33014

\*\*\*\*\*

*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*

\* Cosce F. Jara  
Required Signature/Registered Agent

9/9/16  
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.*

\* Cosce F. Jara  
Required Signature/Incorporator

9/9/16  
Date