

P16000098029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 DEC 12 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/13/16

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: D.A.O. CONSULTING CORP

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:

DAVID AYALA

Contact Person

Firm/Company

222 SW 15 ROAD STE 3

Address

MIAMI, FL 33129

City, State and Zip Code

DAVID_AYALA_@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID AYALA at (786) 609-5007

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 ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy 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

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

16 DEC 12 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

D.A.O. CONSULTING LLC

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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 03/09/2016

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 **attached Articles of Incorporation:**

D.A.O. CONSULTING CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12/01/2016

(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 01 day of DECEMBER, 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: DAVID AYALA

Printed Name: DAVID AYALA Title: PRESIDENT

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

Signature:  _____

Printed Name: DAVID AYALA Title: MANAGER

Signature:  _____

Printed Name: MARIA ALEJANDRA CUADROS Title: MANAGER

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)

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: D.A.O. CONSULTING CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
222 SW 15 RD STE 3

MIAMI, FL 33129

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH A

CORPORATION MAY BE ORGAINIZED IN THIS STATE.

16 DEC 12 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID AYALA / PRESIDENT Name and Title: MARIA CUADROS / VICE-PRESIDENT

Address: 222 SW 15 ROAD STE 3
MIAMI, FL 33129

Address: 222 SW 15 ROAD STE 3
MIAMI, FL 33129

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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:

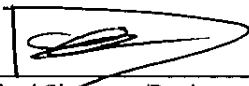
Name: DAVID AYALA
Address: 222 SW 15 RD STE 3
MIAMI, FL 33129

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DAVID AYALA
Address: 222 SW 15 RD STE 3
MIAMI, FL 33129

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

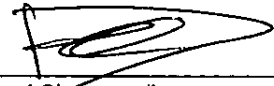


Required Signature/Registered Agent

12/01/2016

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.



Required Signature/Incorporator

12/01/2016

Date

16 DEC 12 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA