# PH1000019152

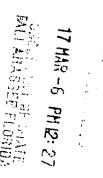
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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### **COVER LETTER**

Division of Co.	rporations				
SURJECT: INVERSIO	NES NIETSCH-CAM CO	RP			
SCHOLET.	Name of	Resulting Florida l	Profit (	Corporation	
	e of Conversion, Articles Profit Corporation" in ac			res are submitted to convert an "Other Bus 5, F.S.	iness
Please return all corresp	pondence concerning this	s matter to:			
ADOLFO HENRY NIET	SCH				
	Contact Person				
INVERSIONES NIETSO	CH-CAM LLC				
	Firm/Company				
497 N UNIVERSITY DE	<b>t</b>				
	Address				
PLANTATION FL 3332	4				
	City, State and Zip Code	e			
ANIETSCH.TTP@GMA	IL.COM				
E-mail address: (1	to be used for future annu	ual report notificati	ion)		
For further information	concerning this matter,	please call:			
ADOLFO HENRY NIET	rsch	954 at ( )	404.04	120	
Name of C	ontact Person	_ (	de and	Daytime Telephone Number	
Enclosed is a check for	the following amount:				
□ \$105.00 Filing Fees	■\$113.75 Filing Fees and Certificate of Status	□S113.75 Filing and Certified Cop		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	] I	New Fi Division P. O. B	ING ADDRESS: ilings Section on of Corporations Box 6327 assee, FL 32314	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2017

ADOLFO HENRY NIETSCH 497 N. UNIVERSITY DRIVE PLANTATION, FL 33324

NIETSCH

SUBJECT: INVERSIONES NEWSCH-CAM CORP

Ref. Number: W17000012955

NIETSCH

We have received your document for INVERSIONES NEWSCH-CAM CORP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Correct the Suffix on Article I Name. (should be corp)

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 417A00002932

## Certificate of Conversion

For '

# "Other Business Entity"

Into

#### Florida Profit Corporation

17 MAR -6 PM 12: 27

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following worther Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

	Enter Name of Other Business Entity	
2 The "Other Busine	ess Entity" is a LIMITED LIABILITY COMPANY	
2. The State Busine	(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)	
first organized, forme	ed or incorporated under the laws of FLORIDA  (Enter state, or if a non-U.S. entity, the name of the country)	
<u>-</u>	(Enter state, or if a non-U.S. entity, the name of the country)	
on		
	Enter date "Other Business Entity" was first organized, formed or incorporated	
3. If the jurisdiction organized, formed or	of the "Other Business Entity" was changed, the state or country under the laws of w incorporated:	hich it is now
4. The name of the F	lorida Profit Corporation as set forth in the attached Articles of Incorporation:	
INVERSIONES NIETS	SCH-CAM CORP	
	Enter Name of Florida Profit Corporation	
5. If not effective on	the date of filing, enter the effective date:    01/01/2017	
Department of State if an effective date is	1) cannot be prior to nor more than 90 days after the date this document is filed at the case of the same as the effective date listed in the attached Articles of the case of	f Incorporation.

Signed thisday of	, 20 <sup>2017</sup>
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Oriector, Office Incorporator:  Printed Name: ADOLFO NIETSCH Title: CEO	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for required signature(s).]
Signature:	
Printed Name: ADOLFO HENRY NIETSCH	Title: OWNER-CEO
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:  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)

ARTICLE I NAME INVERSIONES NIET	SCH-CAM : CORP
The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 497 N UNIVERSITY DR	Mailing address, if different is:
PLANTATION FL 33324	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: THE COMPANY WILL WORK BUT NON ONLY LIMIT A	т.
THE COMPANY WILL WORK BUT NON ONLY LIMIT A	1:
1 IMPORT AND EXPORT OF GREEN TECHNOLOGY (E	OLIC, PHOTOVOLTAIC, AND RECICLE PRODUCTOS
AND TECHNIQUES)	
2 USE OF THE GREEN TECHNOLOGY AT RECICLING	DESALINATION FACILITIES, ETC
3 IMPORT AND EXPORT OF MEDICAN AND ELECTRO	
	AHA
	-
ARTICLE IV SHARES 10000	27 8 E
The number of shares of stock is:	***
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS
Name and Title:ADOLFO H. NIETSCH CEO-OWNER	Name and Title:
Address: 497 N UNIVERSITY DR	Address:
PLSNTSTION FL 33324	Address:
123(13110(1123324	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

<b>.</b> T	ADOLFO HENRY NIETSCH	
Name:	407 N I DUVEDGITY DD	
Address:	497 N UNIVERSITY DR	
	PLANTATION FL 33324	
ARTICL	E VII INCORPORATOR	
The <u>name</u>	e and address of the Incorporator is:	
Name:	ADOLFO HENRY NIETSCH	
Address:	497 N UNIVERSITY DR	
	PLANTATION FL	
	**************************************	**************************************
		as registered agent and agree to act in this capacity
this certif	Required Signature/Registered Agent	as registered agent and agree to act in this capacity  01/30/2017  Date  are true. I am aware that any false information submitted
this certif	Required Signature/Registered Agent	as registered agent and agree to act in this capacity  01/30/2017  Date  are true. I am aware that any false information submitted
this certif	Required Signature/Registered Agent this document and affirm that the facts stated herein to the Department of State constitutes a third degree	as registered agent and agree to act in this capacity  01/30/2017  Date  are true. I am aware that any false information submitted to felony as provided for in s.817.155, F.S.
this certif	Required Signature/Registered Agent this document and affirm that the facts stated herein to the Department of State constitutes a third degree	as registered agent and agree to act in this capacity  01/30/2017  Date  are true. I am aware that any false information submitted to felony as provided for in s.817.155, F.S.  Date
this certif	Required Signature/Registered Agent this document and affirm that the facts stated herein to the Department of State constitutes a third degree	as registered agent and agree to act in this capacity  01/30/2017  Date  are true. I am aware that any false information submitted to felony as provided for in s.817.155, F.S.