# P170000/9943

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(Bu	usiness Entity Nam	ne)
,	,	,
	ocument Number)	
(2)	,	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	or Status
<u> </u>		
Special Instructions to	Filing Officer:	
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LUMHASSEE FLORIDA

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#### **COVER LETTER**

**Charter Section** 

Tallahassee, FL 32301

TO:

Division of Cor	porations				
SUBJECT: CAMINO IN	ITERNATIONAL INC				, e
SUBJECT.	Name of I	Resulting Florida	Profit (	Corporation	
The enclosed Certificate Entity" into a "Florida F				tes are submitted to convert ard 5, F.S.	"Other Business
Please return all corresp	ondence concerning this	matter to:			
DR. AGAEZI SONYA					
	Contact Person		-		
CAMINO INTERNATIO	NAL INC				
	Firm/Company		-		
5505 HERNANDEZ DR,	UNIT 108				
	Address		-		
ORLANDO FL, 32808					
	City, State and Zip Code	3	-		
dr.gazes@gmail.com					
E-mail address: (t	o be used for future annu	ial report notifica	ation)		
For further information	concerning this matter,	olease call:			
DR. AGAEZI SONYA		646 at (	350-5	508	
Name of Co	ontact Person		ode and	l 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 Filir and Certified C	_	■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	·
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center			New F Division P. O. F	ilings Section on of Corporations Box 6327 assee, 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:  CAMINO INTERNATIONAL LLC
C(08 - 036530) 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.)
FLORIDA first organized, formed or incorporated under the laws of
first organized, formed or incorporated under the laws of
APRIL 10TH 2008
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:  N/A
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
CAMINO INTERNATIONAL INC
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 Florid Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporatio 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.

Page 1 of 2

Signed thisday of	
Required Signature for Flori	a Profit Corporation:
Signature of Chairman, Vice C Incorporator: Printed Name: DR. AGAEZI SC	
Required Signature(s) on beh	alf of Other Business Entity:
Signature:	Amvrosoc /g
Printed Name: DR. AGAEZI SO	NYA Title: MGR
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnersh Signature of one General Partr	ip or Limited Liability Partnership: er.
If Florida Limited Partnersh Signatures of <u>ALL</u> General Pa	p or Limited Liability Limited Partnership: tners.
If Florida Limited Liability C Signature of a Member or Aut	
All others: Signature of an authorized per	on.

Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:

\$35.00 \$70.00

Certificate of Conversion:

Fees:

\$8.75 (Optional)

\$8.75 (Optional)

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

ARTICLE 1 The name of the	TAME  CAMINO INTERNATION Shall be:	TIONAL INC		
	·			
<b>ARTICLE I</b> The principal	PRINCIPAL OFFICE place of business/mailing address is:	=	<b>.</b>	
	Dein single street address	Nacition - Adams - to at con-	350	7 H
5505 HERNA	Principal street address .NDEZ DR.	Mailing address, if different 23811 WASHINGTON AVE	発売	HAR
UNIT 108		UNIT C110-259	355	<del>ن</del>
ORLANDO F	FL 32808	MURRIETA CA 92562	EF SI	PH 12: 06
ARTICLE I	III PURPOSE for which the corporation is organized is:		RIDA	06
The Purpose	of the corporation is to engage in any lawful acti	ivity for which corporations may be incorporated in the	ie	
state of Floric	la.			
			<del></del>	<del></del>
				<del></del>
ARTICLE	1 ( ) ( )			
The number	of shares of stock is:			
ARTICLE	V INITIAL OFFICERS AND/OR DI	RECTORS		
Name and T	itle: DR. AGAEZI SONYA/ PRESIDENT	Name and Title:		
Address:	5505 HERNANDEZ DR, UNIT 108			
Tiddy 055.	ORLANDO FL 32808	Address:		
Name and T	itle:			
Address:				
	:			
Name and T	Citle:			
Address:	·	_		
- 1 7001				70.114

ARTICL	E VI REGISTERED AGENT	$oldsymbol{t}$ , $oldsymbol{t}$ , $oldsymbol{t}$
The name	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	DR. AGAEZI SONYA	
Address:	5505 HERNANDES DR. UNIT 108	
	ORLANDO FL, 32808	
ARTICL	E VII INCORPORATOR	SECRETALLANI
The name	and address of the Incorporator is:	
Name:	DR. AGAEZI SONYA	NS EE
Address:	5505 HERNANDES DR, UNIT 108	PH 12: 01 E. FLORII
	ORLANDO FL, 32808	12: 06 SIAIE SIAIE ORIDA
Having be	icate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
		ed herein are true. I am aware that any false information submitted in
document	to the Department of State constitutes a thi	rd degree felony as provided for in s.817.155, F.S.
K	Required Signature/Incorporator	02/28/17 Date
	Required Signature/Incorporator	Date