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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

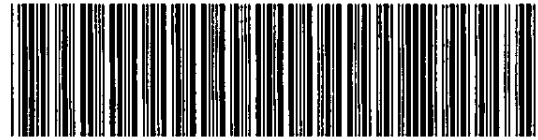
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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17 MAR 27 AM 9:28  
STATE OF FLORIDA  
TALLAHASSEE

11/3/2017

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** DEVCODE INC  
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:

Julio Araujo

Contact Person

Total Corporation Services, Inc.

Firm/Company

6355 NW 36TH ST STE 407

Address

VIRGINIA GARDENS, FL 33166

City, State and Zip Code

asesor@corporacionesenusa.com

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

For further information concerning this matter, please call:

Julio Araujo

at ( 305 ) 871-2525

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

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

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:

DEVCODE LLC  
\_\_\_\_\_  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC  
(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 12/19/2014  
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:

DEVCODE 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 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.

SECRETARY OF STATE  
PAUL ANASSEFF FLORIDA

17 MAR 27 AM 9:28

Signed this 24 day of March, 2011.

**Required Signature for Florida Profit Corporation:**

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

Printed Name: J. PINO REYES Title: President

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

Signature: [Signature]

Printed Name: RONALD R DOMINGUEZ CALVA 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 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: DEVCODE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 6355 NW 36TH ST Suite 407  
Mailing address, if different is: VIRGINIA GARDENS, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title:	<u>JUAN J PINO REYES (P)</u>	Name and Title:	<u>JULIO G GRADOS CABALLERO (VP)</u>
Address:	<u>6355 NW 36TH ST STE 407</u> <u>VIRGINIA GARDENS, FL 33166</u>	Address:	<u>6355 NW 36TH ST STE 407</u> <u>VIRGINIA GARDENS, FL 33166</u>

Name and Title:	<u>RONALD R DOMINGUEZ CALVA (T)</u>	Name and Title:	<u>VIRGILIO ACUNA PERALTA (S)</u>
Address:	<u>6355 NW 36TH ST STE 407</u> <u>VIRGINIA GARDENS, FL 33166</u>	Address:	<u>6355 NW 36TH ST STE 407</u> <u>VIRGINIA GARDENS, FL 33166</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

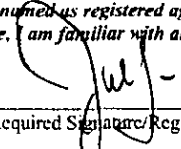
Name: TOTAL CORPORATION SERVICES, INC.  
Address: 6355 NW 36TH ST STE 407  
VIRGINIA GARDENS, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

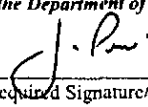
Name: JUAN J PINO REYES  
Address: 6355 NW 36TH ST STE 407  
VIRGINIA GARDENS, FL 33166

\*\*\*\*\*  
*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

03/24/2017  
\_\_\_\_\_  
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

03/24/2017  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA