P1700032383

(Requestor's Name)	
(Address)	800296406
(Address)	000200100
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/13/1701035
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	₹.



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WIT- 21967



March 14, 2017

ANA LOPEZ 15216 SW 112 PL MIAMI, FL 33157

SUBJECT: DREAMS AND ILLUSIONS, INC.

Ref. Number: W17000021983

We have received your document for DREAMS AND ILLUSIONS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 217A00004933

COVER LETTER

Division of Corpo	orations			
SUBJECT: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ams and Ill	l USions		
	Name of I	Resulting Florida Profit	Corporation	
The enclosed Certificate e Entity" into a "Florida Pr		• · · · · · · · · · · · · · · · · · · ·	ees are submitted to convert an " 15, F.S.	Other Business
Please return all correspo	ndence concerning this	matter to:		
ANA To	Pez			
	Contact Person			
DREAMS,	And Il/USicon. Firm/Company	<u> </u>		
15216 SW	112 PL Address			
Miami, FL	33157 City, State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
DREAMS_Illusin E-mail address: (to	ons1 () VAhoo Con	7). ual report notification)		
For further information c	oncerning this matter, p	olease call:		
Ana Loi	PEZ	at (305) 4	70-0313	
Name of Con	tact Person	Area Code and	l Daytime Telephone Number	
Enclosed is a check for the	ne following amount:			
	23113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	17 P
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building		New F Division	ING ADDRESS: Cilings Section on of Corporations Box 6327	
2661 Executive Center C	ircle		assee, FL 32314	<u>~</u> ₩

2661 Executive Center Circle Tallahassee, FL 32301

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:
Draw and Their 110 /14-147934
DREAMS And Illusions, LLC (14-147934) Enter Name of Other Business Entity
Little Name of Other Business Entity
2. The "Other Business Entity" is a limited limbility 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 September 22, 2014 Enter date "Other Business Entity" was first organized, formed or incorporated
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:
DREAMS And Illusions, 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 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.
noted as the document of effective date on the Department of State of fections.

Signed this 7 day of MARCH	, 20 <u>/</u> 7	
Required Signature for Florida Profit Corpor	ation:	
Signature of Chairman, Vice Chairman, Director Incorporator: Printed Name:Title:		een selected, an
Required Signature(s) on behalf of Other Bus		∂(s).]
Signature: And III a		
Printed Name: And LoPEZ	Title: Residen T.	
Signature:		
Printed Name:	Title:	<u></u>
Signature:		
Printed Name:	Title:	_
Signature:		_
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	_
Signature:	.,	
Printed Name:	Title:	_
If Florida General Partnership or Limited Liz Signature of one General Partner.	ability Partnership:	
If Florida Limited Partnership or Limited Lia Signatures of <u>ALL</u> General Partners.	ability Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Represent	ative.	<u> </u>
All others: Signature of an authorized person.		
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporatio Certified Copy: Certificate of Status:	\$35.00 n: \$70.00 \$8.75 (Optional) \$8.75 (Optional)	다. 그 항 지 나

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

The principal place of business/mailing address is:	
Principal street address 15216 5W 112 PL	Mailing address, if different is:
Miami, FL 33157	
RTICLE III PURPOSE ne purpose for which the corporation is organized is:	
Janitorial and Maintenance	e. Sinices.
	استيا
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR L	DIRECTORS
Name and Title: And LoPez, Pasiden	DIRECTORS Name and Title: Hanual Horning A Vicely
Name and Title: And LoPez, Pasiden	DIRECTORS Name and Title: Hanual Horning A Vicely
ARTICLE IV SHARES The number of shares of stock is: 10. ARTICLE V INITIAL OFFICERS AND/OR I Name and Title: ANA LOPEZ, Pasidon Address: 15216 3w 112 Pt Higmi, FL 33157	DIRECTORS Name and Title: Manual Horninga, Vicelia
Name and Title: And Lorez, Pasident Address: 15216 5w 112 Pt Mami, FL 33157	DIRECTORS Name and Title: <u>Hanual Hormiga</u> , Niceli Address: 15216 5w 112 PL Hiomi, FL 33157
Name and Title: And Lofez, Pasident Address: 15216 Sw 112 Pt Liami, FL 33157	DIRECTORS Name and Title: Hanuel Horning A Nivelit Address: 15216 5w 112 PL Hiomi, FL 33157 Name and Title:
Name and Title: And LoPez, Pasident Address: 15216 360 112 Pt Miami, FL 33157 Name and Title:	DIRECTORS Name and Title: Hanus Hormiga, Viseli Address: 15216 5w 112 PL Hiami, FL 3315 7 Name and Title: Address:

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	x NOT acceptable) of the registered agent is:	
Name: And Lolez		
Address: 15216 5w 112 PL		
Miami, Pl 33157		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Name: And Lolez		
Address: 15216 54 112 PL Miami, Fl 33157		
Miami, FL 33157		
***************************************	******	
	ept service of process for the above stated corporation at the place designated in he appointment as registered agent and agree to act in this capacity	
angly a	3/7/17	
Required Signature/Registered Age	nt 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.		
ans Mules	3/7/17.	
Required Signature/Incorporator	Date	