

P17000036728

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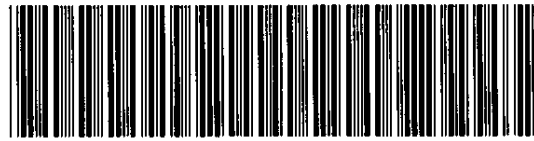
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**DATE: 4/21/17**

**NAME: LUPA ENTERPRISES LLC**

**TYPE OF FILING: CONVERSION**

**COST: 105.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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

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2017 APR 21 PM 4:28

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:

LUPA ENTERPRISES LLC

Enter Name of Other Business Entity L14000105058

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 JULY 1ST, 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:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

LUPA ENTERPRISES 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.

Signed this 18TH day of APRIL, 2017.

**Required Signature for Florida Profit Corporation:**

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

Incorporator: X *Luciana Mordini*

Printed Name: LUCIANA MORDINI Title: PRESIDENT

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

Signature: X *Luciana Mordini*

Printed Name: LUCIANA MORDINI Title: AMBR

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2017 APR 21 PM 4: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I      NAME**

The name of the corporation shall be :

**LUPA ENTERPRISES INC.**

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is :

**5711 NW 112 AVE # 104  
DORAL, FL 33178**

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

**ARTICLE IV      SHARES**

The number of shares of stock is:

**1500 COMMON SHARES PAR VALUE \$.01**

**ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

**PRESIDENT:  
LUCIANA MORDINI  
5711 NW 112 AVE # 104  
DORAL, FL 33178**

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**ARTICLE VI    REGISTERED AGENT**

The name and Florida street address of the registered agent is:

**LUCIANA MORDINI  
5711 NW 112 AVE # 104  
DORAL, FL 33178**

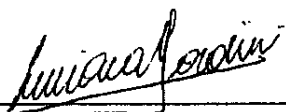
**ARTICLE VII    INCORPORATOR**

The name and Florida street address of the incorporator is:

**LUCIANA MORDINI  
5711 NW 112 AVE # 104  
DORAL, FL 33178**

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*

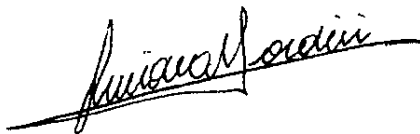
  
\_\_\_\_\_

**LUCIANA MORDINI** / Registered Agent

04/20/2017

Date

*I submit this document and affirm that 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.*

  
\_\_\_\_\_

**LUCIANA MORDINI** / Incorporator

04/20/2017

Date