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(Ac	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	ne)
(Document Number)		
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### **COVER LETTER**

Charter Section
Division of Corporations

TO:

SUBJECT: KENDRA C	Commercial Inspections, In	c.		
	Name of	Resulting Florida	Profit	Corporation
	e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please return all corres	pondence concerning thi	s matter to:		
SANDRA ROMERO-NE	EGRON			
	Contact Person		•	
KENDRA Commercial I	nspections, Inc.			
	Firm/Company			
2402 Raven Croft Ct				
	Address			
Orlando, FL 32837				
	City, State and Zip Code	e		
kci.sandra@gmail.com				
E-mail address: (t	o be used for future annu	ual report notificat	tion)	
For further information	concerning this matter,	please call:		
Sandra Romero-Negron		_at (	516-53 )	393
Name of Co	ontact Person	Area Co	de 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 Filing and Certified Co	-	□\$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	Circle	] ] ]	New F Divisio P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, 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.

Page 1 of 2



Signed	thisday of	, 20 <mark></mark> .			
	red Signature for Florida Profit Corporation	•			
Signat Incorp Printed	ure of Chairman, Vice Chairman, Director, Off orator: Wife L. Went I Name: Sandra Romero-Negron Title: CEO	ficer, or, if Directors or Officers have not be	en select	ed, an	l
<u>Requi</u>	red Signature(s) on behalf of Other Business	s Entity: [See below for required signature	(s).]		
Signat	ure: Aufra R. Nefon		_		
	Sandra Romero-Negron				
	ure:		_		
Printec	! Name:	Title:	_		
Signate	ure:		_		
Printed	! Name:	Title:	_		
Signati	ure:		_		
Printec	l Name:	Title:	_		
Signat	ure:		_		
Printed	i Name:	Title:	<del></del>		
Signati	ure:				
Printec	l Name:	Title:	_ <del>_</del>		
	ida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership:			
	ida Limited Partnership or Limited Liabilit ures of <u>ALL</u> General Partners.	y Limited Partnership:			
	ida Limited Liability Company: ure of a Member or Authorized Representative.		<b>Y</b> -marid		
All oth Signati	ners: ure of an authorized person.		SECRET	17 JUN	11 ·
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)	SSET FLOAT	4:11 149 9-	Section 2

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

ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 2402 Raven Croft Ct	Mailing address, if different is:
Orlando, FL 32837	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
ANY AND ALL LAWFUL BUSINESS	
	94. C
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE IV SHARES 1,000	A A
The number of shares of stock is: 1,000	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  2402 Raven Croft Ct	Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  2402 Rayen Croft Ct	Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  Sandra Romero-Negron, CEO  Address:  Orlando, FL 32837	Name and Title:
ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  Sandra Romero-Negron, CEO  2402 Raven Croft Ct  Orlando, FL 32837	Name and Title:Address:
ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  Sandra Romero-Negron, CEO  2402 Raven Croft Ct  Orlando, FL 32837  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:
ARTICLE V INITIAL OFFICERS AND/OR DIR  Name and Title:  Sandra Romero-Negron, CEO  2402 Raven Croft Ct  Orlando, FL 32837  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:

	LE VI REGISTERED AGENT e and Florida street address (P.O. Box NOT accepta	ole) of the registered agent is:	
Name:	Sandra Romero-Negron		
Address:	2402 Raven Croft Ct		
	Orlando, FL 32837		
ARTICL			
The <u>name</u>	e and address of the Incorporator is:		
Name:	Sandra Romero-Negron		
Address:	2402 Raven Croft Ct		
	Orlando, FL 32837		
******	*************	***********	
	een named as registered agent to accept service of pricate, I am familiar with and accept the appointment	ocess for the above stated corporation at the place designate as registered agent and agree to act in this capacity	ed in
	Soudra K. Keeren	04/12/2017	
(	Required Signature/Registered Agent	Date	
	his document and affirm that the facts stated herein to the Department of State constitutes a third degree	are true. I am aware that any false information submitted felony as provided for in s.817.155, F.S.	in a
	Sudy R. Wegon	04/12/2017	
	Required Signature/Incorporator	Date	

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