

P17000060894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

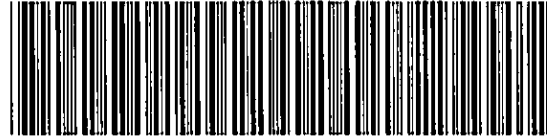
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17 -
40824

Office Use Only



500299035365

05/11/17--01013--012 **105.00

FILED
17 JUL 17 PM 2:34
AT MISSISSAUGA

T. BURCH

JUL 18 2017

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: New Vision Express 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:

Joao C Copola

Contact Person

New Vision Express LLC

Firm/Company

397 SW College Park Rd.

Address

Port St Lucie FL 34953

City, State and Zip Code

CopolaFlyingLow@gmail.com.

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

For further information concerning this matter, please call:

Joao C Copola at (908) 591 5422

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2017

JOAO C COPOLA
897 SW COLLEGE PARK RD
PORT ST JUCIE, FL 34953

SUBJECT: NEW VISION EXPRESS INC.
Ref. Number: W17000040824

We have received your document for NEW VISION EXPRESS INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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.

Tim Burch
Regulatory Specialist III

Letter Number: 917A00009512



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2017

JOAO C COPOLA
897 SW COLLEGE PARK RD
PORT ST JUCIE, FL 34953

SUBJECT: NEW VISION EXPRESS INC.
Ref. Number: W17000040824

We have received your document for NEW VISION EXPRESS INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Tim Burch
Regulatory Specialist III

Letter Number: 017A00012530

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:

New Vision Express 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 New Jersey
(Enter state, or if a non-U.S. entity, the name of the country)

on 01-10-2006
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:

FL

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

New Vision Express Inc

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 5/8/17

(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.

FILED
17 JUL 17 PM 2:34

Signed this 08 day of May, 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: Joao Carlos Copola

Printed Name: Joao C Copola Title: President

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

Signature: Joao Carlos Copola

Printed Name: Joao C Copola 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: New Vision Express Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

897 Sw College Park Rd
Port St Lucie FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful bussiness

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Joao C Copola (P)</u>	Name and Title:	_____
Address	<u>897 Sw college Park Rd</u>	Address:	_____
	<u>Port St Lucie FL 34953</u>		_____

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

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

ARTICLE VI REGISTERED AGENT

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

Name: Joao C Copola
Address: 897 Sw College Park Rd
Port St Lucie FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joao C Copola
Address: 897 Sw College Park Rd
Port St Lucie FL 34953

FILED
17 JUL 17 PM 2:34
CLERK OF COURT
JANESVILLE, FL

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:

Joao Carlos Copola
Required Signature/Registered Agent

05/08/2017
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.

Joao Carlos Copola
Required Signature/Incorporator

05/08/2017
Date