## P17000065919

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	isiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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## **COVER LETTER**

TO:	Division of Co	rporations		17		
SUBJ	ECT: Inter Tax Co	orp				
		Name of	Resulting Florid	la Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ees are submitted to convert at 15, F.S.	ı "Other Business
Please	e return all corres	pondence concerning this	s matter to:			
Isabel	Ordonez					
		Contact Person	· •	_		
Inter 7	l'ax Corp					
		Firm/Company				
101 B	riny Ave Suite 240	5				
		Address				
Pomp	ano Beach, FL 330	62				
		City, State and Zip Cod	e			
	ezbeth@gmail.com					
	E-mail address: (t	o be used for future annu	ual report notific	ation)		
For fu	uther information	concerning this matter,	please call:			
Isabel	Ordonez		954 at (	253-1	224	
	Name of Co	ontact Person	Area (	Code and	Daytime Telephone Number	
Enclo	sed is a check for	the following amount:				
<b>3</b> \$10	05.00 Filing Fees	113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi	EET ADDRESS: Filings Section ion of Corporation in Building			New F Division	ING ADDRESS: ilings Section on of Corporations Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

This Certificate of Conversion <u>and attached Articles of Incorporation</u> 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 Co	onversi	ion is:	
Inter Tax LLC			
Enter Name of Other Business Entity	<u> </u>		
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 May 13, 2015  Enter date "Other Business Entity" was first organized, formed or incorporate	•	17 AU	
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)		<del>د</del> دی	<u> </u>
May 13, 2015		5 HW	
Enter date "Other Business Entity" was first organized, formed or incorporate	ed	<del>72</del>	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated:  N/A			
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation</u> Inter Tax Corp	<u>on:</u>		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date: July 11, 2017			
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document Department of State; AND 2) must be the same as the effective date listed in the attached Art if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t listed as the document's effective date on the Department of State's records.	icles o	f Inco	rporation.

Signed thisday of	20
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Vice Chairman, Office Incorporator: Vice Chairman, Office Incorporator: Vice Chairman, Office Incorporator: Vice Chairman, Office Incorporator, Vice Chairman, Vice Chairman, Office Incorporator, Vice Chairman, Office Incorporator, Vice Chairman, Office Incorporator, Vice Chairman, Off	eer, or. if Directors or Officers have not been selected, an
Frinted Name: Isaber Ordonez Title: Fresider	
Required Signature(s) on behalf of Other Business I	· · · _ · _ · .
Signature: Isabel ().	
Printed Name: Isabel Ordonez	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
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)

## 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	Mailing address, if different is:
101 Briny Ave Suite 2405	Same
Pompano Beach, FL 33062	
ARTICLE III PURPOSE The purpose for which the corporation is organized Accounting and Tax Services	d is:
	<del></del>
The number of shares of stock is:	R DIRECTORS
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O	
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/O  Name and Title: Isabel Ordonez President  101 Briny Ave Suite 2405	None and Title
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/O  Name and Title: Isabel Ordonez President  101 Briny Ave Suite 2405	Name and Title:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O Name and Title:  Isabel Ordonez President  101 Briny Ave Suite 2405  Pompano Beach, FL 33062	Name and Title:Address:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O Name and Title:  Isabel Ordonez President  101 Briny Ave Suite 2405  Pompano Beach, FL 33062  Name and Title:	Name and Title:  Address:  Name and Title:
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/O Name and Title:  Isabel Ordonez President  101 Briny Ave Suite 2405 Pompano Beach, FL 33062  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:
ARTICLE V INITIAL OFFICERS AND/O  Name and Title:  101 Briny Ave Suite 2405  Pompano Beach, FL 33062  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:

	E VI REGISTERED AGENT				
The <u>name</u>	e and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:			
Name:	Isabel Ordonez				
Address:	101 Briny Ave Suite 2405				
	Pompano Beach, FL 33062		<i>;</i> •	17 A	
<u>ARTICL</u>				h- 9íí	<u> </u>
The <u>name</u>	e and address of the Incorporator is:		; ·		
Name:	Isabel Ordonez			MH 9:	D
Address:	101 Briny Ave Suite 2405		•	<del></del> ت	
	Pompano Beach, FL 33062				
*****	*************	*********			
	een named as registered agent to accept service of icate, I am familiar with and accept the appointm	• • • •	-		esignated in
(	Required Signature/Registered Agent	<u>OA-11-2017</u>	<del>-</del>		
	his document and affirm that the facts stated her to the Department of State constitutes a third deg			on sui	bmitted in a
	Osabel U	07-11-201	+		
	Required Signature/Incorporator	Date	•		