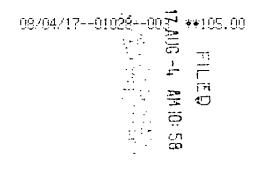
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(Req	uestor's Name)	
(Add	Iress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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T. BURCH AU6 7 2017 COVER LETTER

TO:	Charter Section
	Division of Corporations
SUBJ	Name of Resulting Florida Profit Corporation Name of Resulting Florida Profit Corporation
	Name of Resulting Florida Profit Corporation
The en	nclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please	e return all correspondence concerning this matter to:
	Jimaia S. Macario Contact Person
	Contact Person
	Macarió's Building me Firm/Company
	6727 S. Lois Cive # 418
	Address
	Tampa 70 336/6 City State and 7 in Code
	City. State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Simara S. Macaia 754-423-4111
	Name of Contact Person Area Code and Daytime Telephone Number
	Area code and Daytime Telephone (vulnoe)
Enclos	sed is a check for the following amount:
\$10	5.00 Filing Fees

STREET ADDRESS: New Filings Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Status

Certificate of Status

MAILING ADDRESS: New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Certificate of Conversion "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.

		ersion is:	
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company, innited	partnership.	16-748	-u 9
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-06-20/	6		
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	restricted formed or e state or country under the Corporation State of the Country of the Country of the Corporation Lung Walter of the Country of the Corporation Lung Walter of the Corporation Lung 31, 2	tompany, infinited partnership, as trust, etc.) Florida the name of the country) - 06 - 20/6 rganized, formed or incorporated the state or country under the laws of the country under the laws of the corporation: I dung mc it Corporation July 31, 2017	rechelled partnership. ss trust, etc.) Florida the name of the country) - 06 - 20/6 reganized, formed or incorporated the state or country under the laws of which it is residued at the country of

Signed this 3/ day of July	
Required Signature for Florida Profit Corporation	
Signature of Chairman, Vice Chairman Director, Off Incorporator: Printed Name: Ilmas Macilio Title:	icer or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other-Business	Entity: [See below for required signature(s).]
Signature:	
Printed Name: Simona S. Macario	_Title:managerPather
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	
If Florida General Partnership or Limited Liability Signature of one General Partner. If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
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)

The name of the corporation shall be:	Macario's	Duilding	Inc
ARTICLE II PRINCIPAL OFF The principal place of business/mailing a		,	
C7 Principal street/address	ave.	Mailing addre	ess, if different is:
APT# 418 Tampa, 76 3			
Tampa, 76 3	3616		
ARTICLE III PURPOSE The purpose for which the corporation	_		
ANY	Lawful Busin	es Activity	
			
			
	 		
ARTICLE IV SHARES The number of shares of stock is:	100		
ARTICLE V INITIAL OFFICER	S AND/OR DIRECTORS	<u> </u>	
Name and Title: Josue 1	Macario Name	and Title:	
Address: 6727 5 Lois	Cure # 418 Addre	ss:	
Taupa, 70	336/6		
Name and Title: Jimana S	Yacario - ST Name	and Title:	
Address: 6727 S Lois a	we # 418 Addre		_
Address: 67275 Lois a	33616		
Name and Title:		and Title:	
Address:			
		_	

ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acceptate) of	the registered agent is:			
Name: Josue Macario				
Address: 6727 5 Lois Que #418				
TAMP9. 7C 33616				
ARTICLE VII INCORPORATOR		.>.	17	
The <u>name and address</u> of the Incorporator is:		:• .	MUG	
Name: Josue Macario			1	71
Name: Josue Macario Address: 6727 5 Lois Cure		- '.	•	
			10: 58	
*****************	******	•		
Having been named as registered agent to accept service of process for this certificate, I am familiar with and aecept the appointment as regis	or the above stated corporation at the stered agent and agree to act in this c	e place apacit	desig v	znated in
The X	8-2-17			
Required Signature Registered Agent	8-2-/7 Date			
I submit this document and affirm that the facts stated herein are tru document to the Department of State-constitutes a third degree felony	e. I am aware that any false inform as provided for in s.817.155, F.S.	ation s	ubmi	itted in a
Ling	8-2-17			
Required Signature Incorporator	Date			