# P17000074500

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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### COVER LETTER

TQ:	Charter Section Division of Corporations			•
SURI	JECT: RSY MOBILE REPAIR LLC			
es Carro	Name of	Resulting Flo	rida Profit	Corporation
	nclosed Certificate of Conversion. Articles			ees are submitted to convert an "Other Business 15, F.S.
Please	e return all correspondence concerning this	matter to:		
	RAUL HERNANDEZ M	IRANDA		
<del></del>	Contact Person		<del></del>	
	RSY MOBILE REPAIR LLC			
	Firm/Company			
	1416 PEACH STREET			
	Address			
	IMMOKALEE FL 3414	12		
	City, State and Zip Code	<u>.</u>		
CGPS	SSERVICES@AOL.COM			
	E-mail address: (to be used for future annu	ial report not	ification)	
For fu	urther information concerning this matter,	please call:		
	RAUL HERNANDEZ MIRANDA	239 at (	200-0	1112
	Name of Contact Person		ea Code and	I Daytime Telephone Number
Enelo	sed is a check for the following amount:			
<b>∄</b> \$1	05.00 Filing Fees	☐\$113.75 I and Certific		□\$122.50 Fifing Fees. Certified Copy, and Certificate of Status
New Divis Clifte	EET ADDRESS: Filings Section tion of Corporations on Building Executive Center Circle		New F Division P. O. I	JNG ADDRESS: Filings Section on of Corporations Box 6327 assec, FL 32314

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 Conversion is:  RSY MOBILE REPAIR INC
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
(Enter state, or it a non-U.S. entity, the name of the country)
on 8/1/2017 On Enter date "Other Business Entity" was first organized, formed or incorporated
<ul> <li>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:</li> <li>4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u></li> </ul>
RSY MOBILE REPAIR INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  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.

Page 1 of 2



Signed thisday of	, 20	·
Required Signature for Florida Profit Con		
Signature of Chairman, Vice Chairman, Director of Chairman, Vice Chairman, Director of C	ector, Officer, or, if Directors or Officers h	ave not been selected, an
Required Signature(s) on behalf of Other	Business Entity: [See below for required	i signature(s).]
Signature:		<del></del>
Printed Name: RAUL HERNANDEZ	Title: MGR	
Signature:		
Printed Name:	Title:	
Signature:	<u></u>	
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limite Signature of one General Partner.	d Liability Partnership:	
If Florida Limited Partnership or Limite Signatures of ALL General Partners.	d Liability Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representation	esentative.	
All others: Signature of an authorized person.		
Fees: Certificate of Conversion:	\$35.00	$N_{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline$

Page 2 of 2

\$70.00

\$8.75 (Optional)

\$8.75 (Optional)

Fees for Florida Articles of Incorporation:

Certified Copy:

Certificate of Status:

## 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:  RSY MOF	BILE REPAIR INC
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address	s is:
Principal street address 1416 PEACH STREET	Mailing address, if different is:
IMMOKALEE FL, 34142	
ARTICLE III PURPOSE  The purpose for which the corporation is orga	nnized is:
ARTICLE IV SHARES	SET - 7
ARTICLE IV SHARES The number of shares of stock is:	SET - 7
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AN  RAUL HERNANDEZ (P)	D/OR DIRECTORS
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AN Name and Title:  1416 PEACH STREET	Name and Title:
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AN Name and Title:  1416 PEACH STREET	Name and Title:  Address:
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AN Name and Title: RAUL HERNANDEZ (P)  1416 PEACH STREET IMMOKALEE, FL 34142  YAZMIN E HERNANDEZ (VI	MD/OR DIRECTORS  Name and Title:  Address:
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AN Name and Title:  RAUL HERNANDEZ (P)  1416 PEACH STREET  HMMOKALEE, FL 34142  YAZMIN E HERNANDEZ (VI	Name and Title:  Name and Title:
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AN  Name and Title:  RAUL HERNANDEZ (P)  1416 PEACH STREET  IMMOKALEE, FL 34142  Name and Title:  YAZMIN E HERNANDEZ (VI	Name and Title:  Address:  Address:
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AN Name and Title: RAUL HERNANDEZ (P)  1416 PEACH STREET IMMOKALEE, FL 34142  Name and Title: YAZMIN E HERNANDEZ (VI Address: 1416 PEACH STREET	Name and Title:  Address:  Address:

	E VI REGISTERED AGENT		
The <u>name</u>	e and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:	
Name:	RAUL HERNANDEZ		
Address:	1416 PEACH STREET		
	IMMOKALEE, FL 34142		
ARTICL	· · · · · · · · · · · · · · · · · · ·		
The name	e and address of the Incorporator is:		
Name:	RAUL HERNANDEZ		
Address:	1416 PEACH STREET		
	IMMOKALEE, FL 34142		
	<del></del>		
******	**********	********	
Having be this certifi	een named as registered agent to accept service of icate, I am familiar with and accept the appointme	process for the above stated corporation at the place design of as registered agent and agree to act in this capacity	gnated in
	LA.	8/29/2017	
	Required Signature/Registered Agent	Date	
I submit t	this document and affirm that the facts stated here	ein are true. I am aware that any false information subm	itted in a
document	to the Department of State constitutes a third deg	ree felony as provided for in s.817.155, F.S.	
		8/29/2017	
	Required Signature/Incorporator	Date	

