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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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T. BURCH SEP 18 2017

COVER LETTER

TO: Charter Section Division of Corpora	ations			
OHTLI INC.				
SUBJECT:	Name of I	Resulting Florida Pro	ofit Corporation	
The enclosed Certificate of Entity" into a "Florida Prof			nd fees are submitted to convert an "Other E .1115, F.S.	Business
Please return all correspond	lence concerning this	matter to:		
Felipe Garcia				
	Contact Person			
GZC Consulting Services Inc				
	Firm/Company			
7306 Collins Avenue 5				
	Address			
Collins Avenue, FL 33141				
City	y, State and Zip Code	<u> </u>		
fgo@asd.com.mz				
E-mail address: (to be	used for future annu	al report notification)	1)	
For further information con	ncerning this matter, p	olease call:		
Felipe Garcia		305 34	430543	
Name of Conta	ct Person	- · · · · · · · · · · · · · · · · · · ·	and Daytime Telephone Number	
Enclosed is a check for the	following amount:			
	\$113.75 Filing Fees d Certificate of atus	☐\$113.75 Filing Fee and Certified Copy		
STREET ADDRESS: New Filings Section Division of Corporations Clifton Building		Nev Div	w Filings Section vision of Corporations O. Box 6327	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



August 31, 2017

FELIPE GARCIA 7306 COLLINS AVE 5 COLLINS AVE, FL 33141

SUBJECT: OHTLI, LLC

Ref. Number: W17000071624

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

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Letter Number: 417A00018006

Tim Burch Regulatory Specialist III

www.sunbiz.org

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.

Enter Name of Other Business Entity	_·	
2 The work is a Limited Liability Company		
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		17 S
Florida first organized, formed or incorporated under the laws of		F 438
first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) 11/29/2016 on		FILED 15 PHP: 31
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 organized, formed or incorporated:	s of whi	ch it is no
4 Th		
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation OHTLI.	<u>ı:</u>	
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation OHTLI, LEC TAG. Enter Name of Florida Profit Corporation	<u>ı:</u>	
OHILLES TAG.		

Page 1 of 2

Signed thisday of	, 20
Required Signature for Florida Profit Corporation	<u>:</u>
Signature of Chairman, Vice Chairman, Director, Offi Incorporator: Felipe Garcia Title: Direct	cer, 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:	
Romina Deminguez Printed Name:	General Partner
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 Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> 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 I NAME OHTLI, INC	<u>.</u>
The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is	:
Principal street address 7306 Collins Avenue 5	Mailing address, if different is: 7306 Collins Avenue 5
Miami Beach, FL 33141	Miami Beach, FL 33141
ARTICLE III PURPOSE	
The purpose for which the corporation is organized	zed is:
The purpose of the corporation is to engage in any la	wful activity for which corporations may be incorporated in this state.
ADDIOLE III CHADEC	
ARTICLE IV SHARES The number of shares of stock is:	
The number of shares of stock is.	
ARTICLE V INITIAL OFFICERS AND	OR DIRECTORS
Felipe Garcia, Director Name and Title:	Name and Title:
7306 Collins Avenue 5	Name and Title.
	Address:
Miami Beach, FL 33141	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:
Address:	Address.

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: + GZC Consulting Services Inc. Name: 7306 Collins Avenue 5 Address: Miami Beach, FL 33141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Felipe Garcia Name: 7306 Collins Avenue 5 Address: Miami Beach, FL 33141 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 09/22/2017 Required Signature/Registered Agent 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. 08/22/2017 Required Signature/Incorporator