## P17000082883

(Requestor's Name)
(Address)
(Address)
(12.2.2.)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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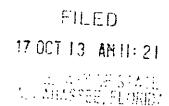
## COVER LETTER

TO: Charter Section

Tallahassee, Fl. 32301

Division of Cor				
SUBJECT: MASS AV	ENUE GROUP LLC			
SUBJECT,	Name of	Resulting Florida	ı Profit	Corporation
	e of Conversion, Article Profit Corporation" in ac			ces are submitted to convert an "Other Busines 15, F.S.
Please return all corresp	ondence concerning this	s matter to:		
Martin Massini Ezcurra				
	Contact Person		-	
MASS AVENUE GROU	P LLC			
	Firm/Company		_	
145 SW 27th Road				
	Address		_	
Miami, Florida, 33129				
	City, State and Zip Code	c	_	
massiniezeurra@hotmail.	com			
E-mail address: (t	o be used for future annu	ual report notifies	ition)	
For further information	concerning this matter,	please call:		
Mariana Anselmi		_at (	283-5	545
Name of Co	ontact Person	Area C	ode 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 Filin and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section Division of Corporation Clifton Building 2661 Executive Center			New F Division P. O. F	ANG ADDRESS: Glings Section on of Corporations Box 6327 assee, FL 32314

## 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:  MASS AVENUE GROUP LLC
Enter Name of Other Business Entity
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.)
irst organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
02/08/2013 on
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:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
MASS AVENUE GROUP INC
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 9/26/2017  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 isted as the document's effective date on the Department of State's records.

Signed thisday of	20
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator:  Printed Name: Martin Massini Ezcurra Title: President	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature: / WWW E1.	
Signature: Martin Massini Ezcurra  Printed Name: Martin Massini Ezcurra	Title: Sole Member
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	<del></del>
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 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)

	I PRINCIPAL OFFICE		
The principal	place of business/mailing address is:		
	Principal street address		Mailing address, if different is
145 SW 27th	Road, Miami, Fl. 33129		
	III PURPOSE for which the corporation is organized is:		
Any and all l	awful business.		
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			<del></del>
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		-	
The number	of shares of stock is:	RECTORS	
ARTICLE	of shares of stock is:  V INITIAL OFFICERS AND/OR DI  Martin Mussini Eveurra		President
The number of th	of shares of stock is:  V INITIAL OFFICERS AND/OR DI  Martin Mussini Eveurra	RECTORS  Name and Title Address:	President
The number of th	of shares of stock is:  V INITIAL OFFICERS AND/OR DI  itle: Martin Massini Ezcurra	Name and Title	President
The number of ARTICLE  Name and T  Address:	V INITIAL OFFICERS AND/OR DI itle:  Martin Massini Ezcurra  145 SW 27th Road, Miami, Fl, 33129	Name and Title Address:	President
The number	V INITIAL OFFICERS AND/OR DI itle:  Martin Massini Ezcurra  145 SW 27th Road, Miami, Fl, 33129	Name and Title Address:	
The number of ARTICLE  Name and T  Address:  Name and T	of shares of stock is: 500  V INITIAL OFFICERS AND/OR DI  itle: Martin Massini Ezcurra  145 SW 27th Road, Miami, FI, 33129  itle: Mariana Anselmi	Name and Title Address:  Name and Title	
The number of ARTICLE  Name and T  Address:  Name and T  Address:	of shares of stock is: 500  V INITIAL OFFICERS AND/OR DI  itle: Martin Massini Ezcurra  145 SW 27th Road, Miami, FI, 33129  itle: Mariana Anselmi	Name and Title Address:  Name and Title Address:	

	and Florida street address (P.O. Box NOT)	<i>≒</i> . →
Name:	Martin Massini Ezcurra	
Address:	145 SW 27th Road, Miami, Fl, 33129	
ADTICI	E WILL INCORPORATOR	
ARTICL. The name	E VII INCORPORATOR and address of the Incorporator is:	₹ <b>2</b>
Name:	Martin Massini Ezcurra	
Address:	145 SW 27th Road, Miami, FI, 33129	
********* Having be	**************************************	**************************************
		**************************************
		tment as registered agent and agree to act in this capacity
		tment as registered agent and agree to act in this capacity
this certifi	Required Signature/Registered Agent	tment as registered agent and agree to act in this capacity  SEPT 26, 2017  Date
this certifi	Required Signature/Registered Agent  his document and affirm that the facts stated	tment as registered agent and agree to act in this capacity
this certifi	Required Signature/Registered Agent  his document and affirm that the facts stated	tment as registered agent and agree to act in this capacity  SEPT 26, 2017  Date  herein are true. I am aware that any false information submitte