P17000083795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



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COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: ELITE GLO	BAL GETAWAY INC			
		Resulting Florid	a Profit	Corporation
	e of Conversion, Articles Profit Corporation" in ac			ees are submitted to convert an "Other Busines 15, F.S.
Please return all corresp	ondence concerning this	s matter to:		
JENNY GONZALEZ				
	Contact Person		_	
ELITE GLOBAL GETA	WAY INC			
	Firm/Company		_	
6100 LAKE ELLENOR	DR #202		_	
	Address			
ORLANDO FL 32809			_	
	City, State and Zip Code	Ľ		
eliteglobalgetaway@mai	l.com			
E-mail address: (t	o be used for future annu	ial report notific	ation)	
For further information	concerning this matter,	please call:		
JENNY C GONZALEZ		at (371-7	
Name of Co	ontact Person	Area C	Code and	d 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 Filing and Certified C	ig Fees Copy	\$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. I	ING ADDRESS: Filings Section on of Corporations Box 6327 assee, FL 32314

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	onversio		
ELITE GLOBAL GETAWAY LLC		0.4	
Enter Name of Other Business Entity		007 17	
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY		7	
(Enter entity type. Example: limited liability company, limited partnership general partnership, common law or business trust, etc.)		: H4	D
first organized, formed or incorporated under the laws of FLORIDA	#:- :::::::::::::::::::::::::::::::::::	\sim	
(Enter state, or if a non-U.S. entity, the name of the country)		Ci	
05/22/2017 on			
Enter date "Other Business Entity" was first organized, formed or incorporate	ed		
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the law organized, formed or incorporated: FLORIDA, USA	vs of w	hich i	t is now
- LOKINA, COA			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	on:		
ELITE GLOBAL GETAWAY 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 l	y the	Florida
Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t	his date	e will	not be
listed as the document's effective date on the Department of State's records.			

Signed	thisday of	20) <u></u> .	
Requi	red Signature for Elorida Profit Corporatio	<u>n:</u>		
Signati Incorpe Printec	ure of Chairman V/de Chairman, Director, Of orator:	ficer, or, if Directors or	Officers have no	ot been selected, an
	red Signature(s) of belfalf of Other Busines			
Signat	ure: January			
Printec	I Name: JENNY C ONZALEZ	Title: AMBR		
	ure:			
Printec	l Name;	Title:		
Signati	ure:			
Printec	l Name:	Title:		
Signat	ure:			
Printec	i Name:	Title:		
Signati	ure:			
Printec	ł Name:	Title:		
Signat	ure:			
Printec	i Name:	Title:		
	rida General Partnership or Limited Liabili ure of one General Partner.	ty Partnership:		
<u>lf Flor</u> Signati	rida Limited Partnership or Limited Liabili ures of <u>ALL</u> General Partners.	ty Limited Partnership	<u>):</u>	
<u>If Flor</u> Signat	rida Limited Liability Company: ure of a Member or Authorized Representative	:.		
All oth Signat	ners: ure 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)

The name of the corporation shall be: ELITE GLOBAL GE	
ARTICLE II PRINCIPAL OFFICE	
he principal place of business/mailing address is:	
Principal street address 5100 LAKE ELLENOR DR #202	Mailing address, if different is:
ORLANDO FL 32809	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any and all lawful business.	
ARTICLE IV SHARES	
he number of shares of stock is:	
 	
Same and Title: JENNY C GONZALEZ, PRESIDENT	RECTORS
JENNY C GONZALEZ, PRESIDENT	RECTORS
JENNY C GONZALEZ, PRESIDENT 6100 LAKE ELLENOR DR #202	RECTORS Name and Title: Address:
JENNY C GONZALEZ, PRESIDENT 6100 LAKE ELLENOR DR #202 ORLANDO FL 32809	RECTORS Name and Title: Address:
JENNY C GONZALEZ, PRESIDENT Address: ORLANDO FL 32809 Name and Title:	RECTORS Name and Title: Address: Name and Title:
Name and Title: JENNY C GONZALEZ, PRESIDENT Address: 6100 LAKE ELLENOR DR #202 ORLANDO FL 32809 Name and Title:	Name and Title: Address: Name and Title: Address:
Name and Title: JENNY C GONZALEZ, PRESIDENT	Name and Title: Address: Name and Title: Address:
Name and Title: Address: ORLANDO FL 32809 Name and Title:	Name and Title: Address: Name and Title: Address: Name and Title:

	E VI _REGISTERED AGENT			
The name	and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:		
Name:	JENNY C GONZALEZ	_		
Address:	6100 LAKE ELLENOR DR #202			
	ORLANDO FL 32809			
ARTICL	E VII INCORPORATOR			
	and address of the Incorporator is:			
Name:	JENNY C GONZALEZ			
Address:	6100 LAKE ELLENOR DR #202			
	ORLANDO FL 32809	- 1 - 25 - 1 - 25		
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 O / O / J Required Signature/Registered Agent Date 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. O / O / T Required Signature/Incorporator Date				