# 7000087466

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer;	

Office Use Only



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T. BURCH OCT 3 1 2017

### **COVER LETTER**

TO:	Charter Section Division of Co						
SURI	JECT:	М	ACROTI	ICS COR	P.		
эори		Name of	Resultin	g Florid	ı Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac				ees are submitted to convert an "O 15, F.S.	ther Business
Please	e return all corres	pondence concerning thi	s matter	to:			
		Rosa Elena Leon					1
		Contact Person			_		
		Rosa Elena Leon					
		Firm/Company			_		
		16132 NW 14th Court					
		Address			_		
		Pembroke Pines, Fl 330	28				
		City, State and Zip Cod	e		_		
	al	fredoleon77@gmail.com					
	E-mail address: (t	o be used for future ann	ual repor	t notifica	ition)		
For fu	irther information	concerning this matter,	please ca	all:			
	Rosa	Elena Leon	at (	954	436-0	0936	
	Name of Co	ontact Person		Area C	ode and	d Daytime Telephone Number	
Enclo	sed is a check for	the following amount:					1
<b>□</b> \$10	05.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status		.75 Filin rtified C	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New I Divisi Clifto 2661	EET ADDRESS: Filings Section ion of Corporation in Building Executive Center hassee, FL 32301	Circle			New F Division P. O. E	ilings Section on of Corporations Box 6327 assec, 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.

MACROTICS LLC		4.7	
Enter Name of Other Business Entity	•	<del>] ] ]</del>	*** *
2. The "Other Business Entity" is aLIMITED LIABILITY COMPANY		ქე ე	<u></u>
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)		7-09T-39—6 <del>31-</del> 10:-36	FILED
first organized, formed or incorporated under the laws of FLORIDA		يل	
(Enter state, or if a non-U.S. entity, the name of the country)			
on DECEMBER 6, 2016			
Enter date "Other Business Entity" was first organized, formed or incorporated	i	ļ	
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws organized, formed or incorporated:	of wh	ich it i	s now
N/A			
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation	1.		
MACROTICS CORP.	<u>1.</u>		
Enter Name of Florida Profit Corporation			
5. If not effective on the date of filing, enter the effective date:  SEPTEMBER 1, 2017			
(The effective date: Cannot be prior to nor more than 90 days after the date this document is f	iled by	the F	lorida
Department of State.)			
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this listed as the document's effective date on the Department of State's records	is date	og Urw  -	ot be

Signed thisday ofOCTOBER	20 17
Required Signature for Florida Profit Corpora	ation:
Signature of Chairman, Vice Chairman, Director, Incorporator:  Printed Name: JAIME A. GARCIA IZA Title: P	Officer, or, if Directors or Officers have not been selected, at RESIDENT
Required Signature(s) on behalf of Other Busi	ness Entity: [See below for required signature(s).]
Signature: Mulhuyling 11	Title: MGR
Printed Name: MONICA RODRÍGUEZ	Title: MGR
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 Lia Signature of one General Partner.	bility Partnership:
If Florida Limited Partnership or Limited Lia Signatures of ALL General Partners.	bility Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representa	tive.
All others: Signature of an authorized person.	

# 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:	MACROTICS CORP.
ARTICLE II PRINCIPAL OFFIC	CE CE
The principal place of business/mailing ad	
Principal street address 625 NW 155 TERRACE	Mailing address, if different is: 625 NW 155 TERRACE
PEMBROKE PINES, FL 33028	PEMBROKE PINES, FL 33028
ARTICLE III PURPOSE The purpose for which the corporation is ANY AND ALL LAWFUL BUSINESS TR	organized is: ANSACTION AUTHORIZED BY THE STATE OF FLORIDA FOCUSING
MAINLY IN REALSTATE INVESTMENT	AND IMPORT & EXPORT OF DURABLE GOODS.
he number of shares of stock is: 500 SHA	RES
RTICLE V INITIAL OFFICERS	AND/OR DIRECTORS
Iame and Title: JAIME A. GARCIA IZA	- PRESIDENT Name and Title:
ddress: 625 NW 155TH TERRAC	
PEMBROKE PINES, FL 3	
ame and Title:	
ddress:	
ame and Title:	
idress:	

ARTICL	E VI REGISTERED AGENT			<b>!</b>
The name	e and Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	ROSA ELENA LEON			
Address:	16132 NW 14TH COURT			1
	PEMBROKE PINES, FL 33028		17 Qf	1
ARTICL	E VII INCORPORATOR		T 30	n H
The name	e and address of the Incorporator is:	:	•	rn
Name:	JAIME ALBERTO GARCIA IZA	· -	V RATIO	
Address:	625 NW 155TH TERRACE	<u> </u>	:- co	1
	PEMBROKE PINES, FL 33028			
******	**************************************	*******		
	een named as registered agent to accept service of pro icate, I am familiar with and accept the appointment a			
	/ 4 m .	OCTOBER 26, 2017		
	Required Signature/Registered Agent	Date		1
	this dodument and affirm that the facts stated herein of to the Department of State constitutes a third degree j		rmation si	ubmitted in a
	ا مین	OCTOBER 26, 2017		
	Required Signature/Incorporator	Date		