P17000088587

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		:
W17-8	4268	
	Office Use Or	nly



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10/20/17--01012--006 **122.50

T. BURCH NOV 3 2017

COVER LETTER

"Other Business

TO: Charter Section Division of Corporations
SUBJECT: 5 X DVCS
SUBJECT: Name of Resulting Florida Profit Corporation
The enclosed Certificate of Conversion. Articles of Incorporation, and fees are submitted to convert a Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.
Please return all correspondence concerning this matter to:
Jonphe Girl Amo Contact Person
S X DVC S
6405 merriewood Dr Address
OVI DND FZ 32818 City. State and Zip Code
Alpha Jour he annual report notification)
For further information concerning this matter, please call:
Jouphe A- Guil Amo at (407) 446 - 8885 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
□\$105.00 Filing Fees and Certificate of Status □\$113.75 Filing Fees and Certified Copy Certified Copy and Certificate of Status
STREET ADDRESS:MAILING ADDRESS:New Filings SectionNew Filings SectionDivision of CorporationsDivision of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2017

JONPHE GUILAMO 6405 MERRIEWOOD DR ORLANDO, FL 32818

SUBJECT: G X PRESS

Ref. Number: W17000084268

We have received your document for G X PRESS and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number 1 of the Cerificate of Conversion must state the name of the LLC not your fictitius name, number 2 maust state the type of entity.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Tim Burch Regulatory Specialist III

www.sunbiz.org

Letter Number: 717A00021286

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:
Enter Name of Other Business Entity
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
general partnership, common law of business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
on 12 - 18 - 2013 Enter date "Other Business Entity" was first organized, formed or incorporated
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 of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Enter Name of Florida Profit Corporation
Enter Name of Florida Front Corporation
5. If not effective on the date of filing, enter the effective date: 10-17-2017 (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
listed as the document's effective date on the Department of State's records.

Page 1 of 2

1 ,	
Signed this 17 day of $0 < f \circ b$	er .20 <u>17</u> .
Required Signature for Florida Profit Corporation:	
Incorporator: 10 Uple 5 6 15/11/20	rer, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business	Entity: [See below for requires signature(s).]
Signature: forple & Gir /A	w
Princed Name: Janahe A- Guilami	2 Title: OWNEY
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:
<u>If Florida Limited Partnership or Limited Liability</u> 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)

The name of the corporation shall be:	Press INC.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
6405 Merriewood Dr	
oxlando, FC 35818	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
10 make bysin	1855 AS A TVUCKIN
combona ang Bo	eal Estate
	1
	1
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE	
Name and Title: JODDLE SVITAMO	u i
Address: Sama	Address: Same
Name and Title:	Name and Title:
Name and Title: Address:	
Name and Title:	Name and Title:
Name and Title: Address:	Name and Title: Address:
Name and Title:Address:	Name and Title: Address:

ARTICLE VI REGISTERED AGENT	1
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	1
Name: MAYITZ2 BY2NSKY	
Address: 6405 many ewood Dr	
0 x 1 2 2 3 2 8 1 8 =	17 NOV
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	第 1/2 声 i
· · · · · · · · · · · · · · · · · · ·	Sho m
Name: Jouphe A Güj Llu	
Address: 6405 Merviewood Dr ONLAND, FL 32818	2: II
OV1222, FC 32818	
*********************	1
Having been named as registered agent to accept service of process for the above stated corporation at the this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
A This confidence, I am juriantal with and accept the appointment as registered agent and agree to act in this A	Ì
~ 10-30-17	
Required Signature/Registered Agent 9/10-30-17	
Required Signature/Registered Agent Date	
I submit this document and affirm that the facts stated herein are true. I am aware that any false infor	mation submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	1
	1
10-17-201	プ
, Required/Signature/Incorporator Date	
/ /	

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