## PN000092120

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
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L SCHEOEDER

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-	-coveb	LETTER	~
	COYER		

TO: Charter Section Division of Co	orporations			
SUBJECT: ARB PAIN	TING CORP			
SOBJECT.	Name of	Resulting Florid	la Protit	Corporation
	ite of Conversion. Article Profit Corporation" in ac			ees are submitted to convert an "Other Business 15, F.S.
Please return all corres	spondence concerning thi	s matter to:		
Yisell Pozada				
<del></del>	Contact Person	W-1.	_	
			_	
	Firm/Company			
1722 S. ANHINGA LN				
	Address			
HOMESTEAD, FL 330.	3.5			
	City, State and Zip Cod	e		
YISELMIAMI@HOTM	IAIL.COM			
E-mail address: (	to be used for future anni	ual report notific	ation)	
For further information	n concerning this matter,	please call:		
Yisell Pozada		_at (	)_339-2	086
Name of C	Contact Person	Area (	Code and	1 Daytime Telephone Number
Enclosed is a check for	r the following amount:			
■ \$105.00 Filing Fees	☐\$113.75 Filing Fees and Certificate of Status	□\$113.75 Fili and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: New Filings Section				ING ADDRESS: illings Section

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

New Filings Section Division of Corporations P. O. Box 6327 Tallahassee, 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 Conversion is:
ARB PAINTING LLC U6-44202
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.)
first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)
03/02/2016 on
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> ARB PAINTING, CORP.
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 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.

Signed thisday of	20 <sup>17</sup>
Required Signature for Florida Profit Corporation:	
Signature of Charman, Vice Chairman, Director, Office Incorporator:  Printed Name: YSELL POZADA Title: PRESII	ter, or, if Directors or Officers have not been selected, an
//	
Required Signature(s) on behalf of Other Business	
Signature:	
Printed Name Print	Title: AUTHORIZED MEMBER
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	<u> </u>
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 II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
Principal street address	Mailing address, if different	ent is:
1722 S ANHINGA LN		
HOMESTEAD, FL 33035		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is		
ANY AND ALL LAWFULL BUSINESS		
		-
ARTICLE IV SHARES		
The number of above of stack in		
The number of above of stack in		
he number of shares of stock is:	·	
The number of shares of stock is:	·	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I	DIRECTORS	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR INTIAL POZADA, PRESIDENT  Name and Title:	DIRECTORS	-
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN	Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Same and Title:  1722 S ANHINGA LN  Address:	Name and Title:	
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title: 1722 S ANHINGA LN	Name and Title:  Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  Address:	Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  HOMESTEAD, FL 33035	Name and Title:  Address:	
ARTICLE V INITIAL OFFICERS AND/OR I Name and Title:  1722 S ANHINGA LN HOMESTEAD, FL 33035	Name and Title:  Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  HOMESTEAD, FL 33035  Name and Title:	Name and Title:  Address:  Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  HOMESTEAD, FL 33035  Name and Title:	Name and Title:  Address:  Name and Title:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  HOMESTEAD, FL 33035  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:	
The number of shares of stock is:   ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:   YISELL POZADA, PRESIDENT  1722 S ANHINGA LN  HOMESTEAD, FL 33035  Name and Title:	Name and Title:  Address:  Name and Title:  Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  HOMESTEAD, FL 33035  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:  Address:	
ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  HOMESTEAD, FL 33035  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:	
The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR I  Name and Title:  1722 S ANHINGA LN  HOMESTEAD, FL 33035  Name and Title:  Address:	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Address:	

ARTICL	E VI REGISTERED AGENT		
The name	and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	YISELL POZADA		
Address:	1722 S ANHINGA LN		
	HOMESTEAD, FL 33035		
ARTICL			
The name	and address of the Incorporator is:		
Name:	YISELL POZADA		
Address:	1722 S ANHINGA LN		
	HOMESTEAD, FL 33035		
*******	*************	******	
Having be this certifi	een named as registered agent to accept service of pricate, I am familiar with and accept the appointment	rocess for the above stated corporation at the place of as registered agent and agree to act in this capacity	designated in
	Air	11/13/2017	
	Required Signature/Registered Agent	Date	
1 submit to	his document and affirm that the facts stated herein	are true. I am aware that any false information su	ıbmitted in a
aocument	to the Department of State constitutes a third degree	e fetony as provided for in s.817.155, F.S.	
(	The	11/13/2017	
—	Required Signature/Incorporator	Date	