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(Red	questor's Name)	
(Add	dress)	·· ·
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	,

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SEGRETARY OF STATE
AND ASSEC, FLORIDA

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COVER LETTER

TO: Charter Section

Tallahassee, FL 32301

Division of Co	•			
SUBJECT: Sokai Group	p Inc			
JUBJECT	Name of	Resulting Florid	a Protīt	Corporation
	e of Conversion, Articles Profit Corporation" in ac			ces are submitted to convert an "Other Business 15, F.S.
Please return all corresp	pondence concerning this	s matter to:		
Albert M Silva CPA				
	Contact Person		_	
SGO Advisory PA				
	Firm/Company		-	
2163 SW 153rd Path				
	Address	- · - · ·	-	
Miami, FL 33185				
	City, State and Zip Code	è	_	
alsilva@cpa-resources.co	om			
E-mail address: (t	o be used for future annu	ual report notific	ation)	
For further information	concerning this matter,	please call:		
Albert M Silva CPA		at (305-3	10-5808
Name of Co	ontact Person		Code and	l 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 Filir 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. E	ING ADDRESS: Filings Section For of Corporations Flox 6327 Flow assee, FL 32314

For <u>"Other Business Entity"</u> 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 Conversi	ian iai
i 🕳 .	on is:
Sokai Group LLC (2)	
Enter Name of Other Business Entity	
2. The "Other Business Entity" is a	
(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	
January 25, 2017 (conversion to LLC)	
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 worganized, formed or incorporated:	/hich it is now
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Sokai Group 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 Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat listed as the document's effective date on the Department of State's records.	ne will not be
HASSEE, F	FILEI

10 October	17	
Signed this 10 day of October	. 20 17	
Required Signature for Florida Profit Corporation:		
Signature of Chairman. Nice Chairman. Director. Office Incorporator: Printed Name: Jesus Leon Title: Presiden		en selected, an
Required Signature(s) on Dehalf of Other Business I	Entity: [See below for required signature	(s).]
Signature:		_
Printed Name: Jesus Leon	Title: Member Manager	_
Signature		
Printed Name: Jesus Meneses	Title: Member Manager	_
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:	
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.		J. Si
All others: Signature of an authorized person.		FIL 7 NOV 22 CRETARY LAHASSE
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)	LED 22 AM 9: 1 RY OF STATE SEE. FLORIE

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: Sokai Group Inc	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 10726 NW 74 Street, #104	Mailing address, if different is: 10141 W Flagier Street, D-130-140
Doral, FL 33178	Miami, FL 33174
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Any and all lawful business.	
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	mark.
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	9: - 9: - 9: - 9: - 9: - 9: - 9: - 9: -
ARTICLE IV SHARES The number of shares of stock is:	N.O.
ARTICLE V INITIAL OFFICERS AND/OR DIR	RECTORS
Name and Title: Jesus Leon, President	Name and Title: Jesus Meneses. Vice President
Address: 10141 W Flagler Street, D-130-140	Address: 10141 W Flagler Street, D-130-140
Miami, FL 33174	Miami, FL 33174
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	

: <u>name</u>	e and Florida street address (P.O. Box NOT accept	able) of the registered	agem is.			
ne:	Jesus Leon					
dress:	10141 W Flagler Street, D-130-140					
	Miami, FL 33174					
	E VII INCORPORATOR					
<u>name</u>	e and address of the Incorporator is:					
me:	Jesus Leon					
dress:	10141 W Flagler Street, D-130-140					
	Miami, FL 33174					
	een stamed as registered agent to accept service of pricate. I am familiar with and accept the appointment					lesig na tea
	icate, I am familiar with and accept the appointmen					lesignated
						lesignated
certifi	icate, I am familiar with and accept the appointmen	it as registored agent	Date that any fal	t in this cap	pacity	
certifi	Required Signature/Registered Agent	it as registored agent	Date that any fal	t in this cap	pacity	
certifi	Required Signature/Registered Agent this document and affirm that the facts stated hereis to the Department of State constitutes a third degree	it as registored agent	Date Date that any fal. for in s.817.15:	t in this cap	pacity	