## P17000101054

(Requestor's Name)
. (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W17-96570

Office Use Only



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12/04/17--01010--004 \*\*70.00 12/04/17--01010--005 \*\*25.00

12/22/17--01025--004 \*\*10.00

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T. BURCH DEC 27 2017

## **COVER LETTER**

TO: Charter Section Division of Corporations	
Vacual Bilan PA	
SUBJECT: VUSYL FOR OGNE SUBJECT: Name of Resulting Florida Profit Corporation	
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Busine Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.	\$8
Please return all correspondence concerning this matter to:	
Vasyl Bilous Contact Person	
Vasy L Poi Www P.A.  Firm/Company	
447 NE 195 St apt 111 Address	
Miami FL 33179  City. State and Zip Code	
Vasyl bilows a gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vasy Voilous at 786, 468-0883  Name of Contact Person Area Code and Daytime Telephone Number	
Enclosed is a check for the following amount:	
S105.00 Filing Fees and Certificate of Status  S105.00 Filing Fees and Certified Copy Status  S105.00 Filing Fees and Certified Copy Status  S105.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS: New Filings Section New Filings Section	

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

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



December 6, 2017

VASYL BILOUS 447 NE 195 ST APT 111 MIAMI, FL 33179

SUBJECT: VASYL BILOUS P.A. Ref. Number: W17000096570

We have received your document for VASYL BILOUS P.A. and check(s) totaling \$95.00 of which \$95.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You submitted the wrong type of document, proper forms are enclosed.

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: 917A00024598

## Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED

17 DEC 26 PM 2: 17

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:
Royal Bell LLC 216778  Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>limited hability company</u> .  (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)
on 11/17/2016  Enter date "Other Business Entity" was first organized, formed or incorporated
Enter date "Other Business Entity" was first organized, formed or incorporated
. 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:    MA
. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Enter Name of Florida Profit Corporation
If not effective on the date of filing, enter the effective date: 10/10/2017  The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida epartment of State.)  ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ited as the document's effective date on the Department of State's records.

Signed this 14 day of December	. 20 17
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Chairman, Office C	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature: 55	
Printed Name: VASYL BILOUS	0
Signature: MH	
Printed Name:	Title:
Signature: W//t	
Printed Name:	
Signature: M/A	
Printed Name:	Title:
ignature: <del>M/A</del>	
rinted Name:	Title:
ignature: WA	
rinted Name:	Title:
Florida General Partnership or Limited Liability gnature of one General Partner.	Partnership:
Florida Limited Partnership or Limited Liability gnatures of ALL General Partners.	Limited Partnership:
Florida Limited Liability Company: gnature of a Member or Authorized Representative.	
<u>I others:</u> gnature of an authorized person.	
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)

<u>-</u> -	CIPAL OFFICE Principal street address	Mailing address, if diffe	erent is:
E 195 Street Ste			
i, FL 33179			
CLE III PURPO	OSE the corporation is organized is:		
estate sales and re			
			<del></del>
	·		
<del></del>			
ICLE IV SHAR	<u>PES</u> 100		
umber of shares of	1100		
difficer or sittles of	t stock is:		
differ of shires of	f stock is:		
	<u> 4L OFFICERS AND/OR DIRECTO</u>	<u>R.S</u>	
	4L OFFICERS AND/OR DIRECTO		
ICLE V INITI.  Name and Titl	e: Vasyl Bilous P.	RS Name and Title:	
ICLE V INITI.	e: Vasyl Bilous P.  447 NE 195 Street	<u>R.S</u>	
ICLE V INITI.  Name and Titl	e: Vasyl Bilous P.	RS Name and Title:	
<i>CLE V INITI</i> .  Name and Titl	e: Vasyl Bilous P.  447 NE 195 Street	RS Name and Title:	
ICLE V INITI.  Name and Titl	e: Vasyl Bilous P.  447 NE 195 Street  Apt 111	RS Name and Title:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTOR e: Vasyl Bilous P. 447 NE 195 Street Apt 111 Miami, FL 33179	Name and Title:   Address:   Address:   Address     Address   Address     Address     Address     Address   Address     Address     Address     Address   Address     Address     Address     Address   Address     Address     Address     Address     Address     Address     Address	
Name and Titl Address	AL OFFICERS AND/OR DIRECTOR e: Vasyl Bilous P. 447 NE 195 Street Apt 111 Miami, FL 33179	RS Name and Title:	
Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTOR e: Vasyl Bilous P. 447 NE 195 Street Apt 111 Miami, FL 33179	Name and Title:     Address:     Name and Title:	
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Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR e: Vasyl Bilous P. 447 NE 195 Street Apt 111 Miami, FL 33179	Name and Title:   Address:   Name and Title:   Address:	
Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR e: Vasyl Bilous P. 447 NE 195 Street Apt 111 Miami, FL 33179	Name and Title:     Address:     Name and Title:     Address:     Address:	
Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR e: Vasyl Bilous P. 447 NE 195 Street Apt 111 Miami, FL 33179	Name and Title:   Name and Title:   Name and Title:   Address:   Name and Title:   Name an	
Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR e: Vasyl Bilous P. 447 NE 195 Street Apt 111 Miami, FL 33179	Name and Title:   Name and Title:   Name and Title:   Address:   Name and Title:   Name an	

Name a	ind Title:	Name and Title:	
Addres	ss	Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT accep	stable) of the registered agent is:	
Name:	Vasyl Bilous		
Address:	447 NE 195 Street, Apt 111		17 0
	Miami, FL 33179		FIL DEC 26
			FILED C 26 PM
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and :</u>	address of the Incorporator is:		2: 17 Florida Florida
Name:	Vasyl Bilous		製作 コ
Address:	447 NE 195 Street, Apt 111		
	Miami, FL 33179		
		<del></del>	
	EFFECTIVE DATE: 11/27/2017	(OPTION VI)	
	if other than the date of filing:	. (OPTIONAL) d cannot be more than five business of	lays prior or 90 business
days after the	filing.)		
	ite inserted in this block does not meet the ap		nis date will not be listed as
the document's	effective date on the Department of State's	records.	
Havino been n	amed as registered agent to accept service o	f process for the above stated corporati	on at the place designated in
	I am familiar with and accept the appointme		
	5/2 S		11/27/2017
	Required Signature/Registered Ag	gent	Date
I submit this d	ocument and affirm that the facts stated he	rein are true. I am aware that the falso	e information submitted in a
document to the	e <u>Department of State</u> constitutes a third deg	ree felony as provided for in \$817.155,	F.S.
(3			11/27/2017
Req	uired Signature/Incorporator	· · · · · ·	Date