

P18000007180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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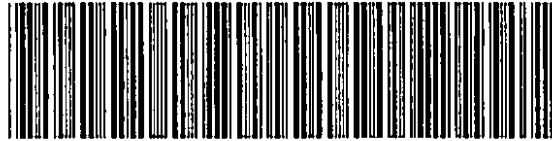
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 22 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2018

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: IVELISSE T MARTINEZ SUAREZ PA

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

THAMARA PEREZ

Contact Person

TABADESA ASSOCIATES

Firm/Company

419 W 49TH ST, STE.111

Address

HIALEAH, FL 33012

City, State and Zip Code

TAMMYP@TABADESA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THAMARA PEREZ

at (305) 558-0622

Name of Contact Person

Area Code and Daytime Telephone Number

STREET ADDRESS:

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

MAILING ADDRESS:

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 **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:

IVELISSE T MARTINEZ SUAREZ LLC 47-104842
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)

on 5/11/2017
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:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

IVELISSE T MARTINEZ SUAREZ PA
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.

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TALLAHASSEE, FLORIDA

Signed this 5TH day of JANUARY, 2018.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: IVELISSE T MARTINEZ Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: PAOLA K VERA MARTINEZ Title: DIRECTOR

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 Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

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TALLAHASSEE, FLORIDA

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: IVELISSE T MARTINEZ SUAREZ PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

7900 Oak Lane

Suite 400

Miami Lakes, FL 33016

Mailing address, if different is:

7900 Oak Lane

Suite 400

Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Realtor

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IVELISSE T MARTINEZ - PRESIDENT

Address: 7900 Oak Lane, Suite 400

Miami Lakes, FL 33016

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: PAOLA VERA MARTINEZ - DIRECTOR

PO Box 610322

North Miami, FL 33261

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: THAMARA PEREZ

Address: 419 W 49TH ST, STE. 111

HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

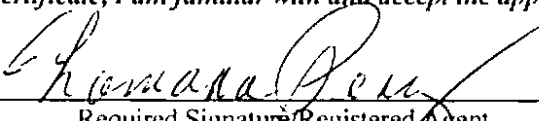
The name and address of the Incorporator is:

Name: IVELISSE T MARTINEZ

Address: 7900 Oak Lane, Suite 400

Miami Lakes, FL 33016

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

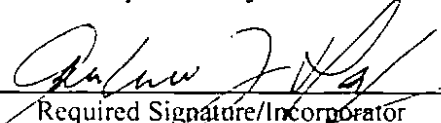


Required Signature/Registered Agent

01/08/2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

01/08/2018

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA