

P180000 15460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

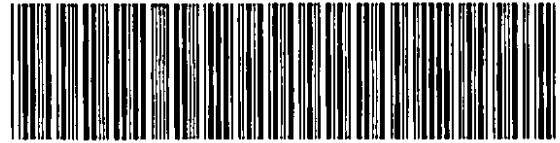
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/05/18--01014--024 **105.00

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18 MAR 12 AM 9:17

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MAR 12 2018

T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ANIR INVESTMENTS INC

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:

OFER SHAPIRA

Contact Person

ANIR INVESTMENTS INC

Firm/Company

1884 N UNIVERSITY DR

Address

SUNRISE, FL 33322

City, State and Zip Code

OFER@OSHAPIRA.COM

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

For further information concerning this matter, please call:

OFER SHAPIRA

at (707)

370 5499

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees	<input type="checkbox"/> \$122.50 Filing Fees,
	and Certificate of	and Certified Copy	Certified Copy, and
	Status		Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Chifon 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:

ANIR INVESTMENTS LLC

609-110918

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 11/17/2009

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 attached Articles of Incorporation:

ANIR INVESTMENTS 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 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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18 MAR 12 AM 9:18
CLERK OF THE COURT
JANICE L. BROWN
CLERK

Signed this 15 day of DECEMBER, 2017

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman/Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: OFER SHAPIRA ✓

Printed Name: OFER SHAPIRA Title: CHAIRMAN

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

Signature: ✓ _____

Printed Name: OFER SHAPIRA Title: CHAIRMAN

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

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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18 MAR 12 AM 9:18
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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 ANIR INVESTMENTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address
1884 N UNIVERSITY DRIVE
SUNRISE, FL 33322

Mailing address, if different is
12 ANATOT STREET
111 AVIV ISRAEL 69080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DO ALL LEGITIMATE BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OFER SHAPIRA, Chairman

Address: 12 ANATOT STREET
111 AVIV ISRAEL 69080

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

18 MAR 12 AM 9:18
FILED
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

ARTICLE VI REGISTERED AGENT

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

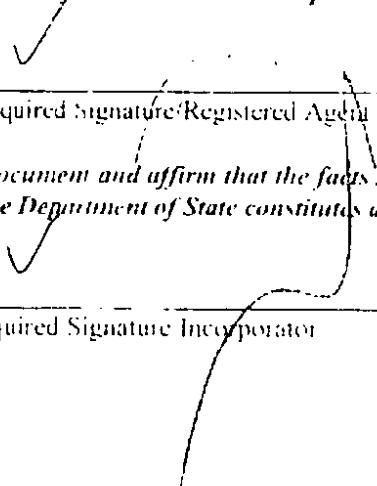
Name: Ofer Shapira
Address: 1884 N University Dr.
Sunrise, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OFER SHAPIRA
Address: 1884 N UNIVERSITY DR
SUNRISE, FL 33322

.....
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.

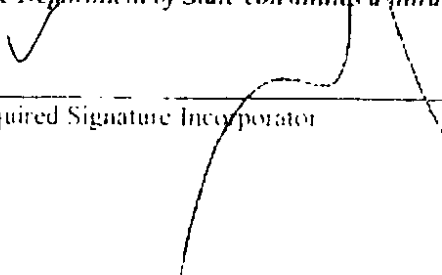


Required Signature Registered Agent

12/26/2017

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

12/26/2017

Date

STATE OF FLORIDA
DEPARTMENT OF STATE
18 MAR 12 AM 9:18

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