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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Charter Sec Division of	ction Corporations				
SUBJECT: ICHI A	AIR CONDITION CORP				
SUBJECT:	Name of	Resulting Florida	Profit	Corporation	
	ficate of Conversion, Article ida Profit Corporation" in ac			ees are submitted to convert an '15, F.S.	Other Business
Please return all con	rrespondence concerning thi	s matter to:			
ENEISER BETANC	OURT LEON				
4,44	Contact Person		-		
			_		
	Firm/Company				
11960 WALSH BLV			_		
	Address				
MIAMI FL 33184			_		
	City, State and Zip Cod	e			
ICHI.1969@YAHO	D.COM				
E-mail addres	s: (to be used for future ann	ual report notifica	tion)		
For further informa	tion concerning this matter,	please call:			
ENEISER BETANC	COURT LEON	786 at (468-0		
Name o	of Contact Person	Area C	ode and	l Daytime Telephone Number	
Enclosed is a check	for the following amount:				
□ \$105.00 Filing F	Fees □\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C		☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRE New Filings Section Division of Corpora Clifton Building 2661 Executive Cer	n ations		New F Division P. O. E	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

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:
ICHI AIR CONDITION LLC LIS- 1449 22
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)
011/30/2015 01
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>: ICHI AIR CONDITION 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 Florid 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.
Page 1 of 2 Page 1 of 2 Page 1 of 2

Signed	this 18 day of JANUARY	, 20 ¹⁸ .		
Requir	red Signature for Florida Profit Corporation:			
Signatu Incorpo Printed	ure of Chairman, Vice Chairman, Director, Office orator: Name: ENEISER BETANCOURT Title: PRESID	er, or, if Directors or Officers have not bee	n selected, an	
Requir	red Signature(s) on behalf of Other Business E	ntity: [See below for required signature(s	s).]	
Signatu	ure:			
Printed	Name:ENEISER BETANCOURT LEON	Title: PRESIDENT		
Signati	ıre:			
Printed	Name:	_ Title:	-	
Signati	ure;			
Printed	Name:	_ Title:		
Signati	ire;	-14-17-1		
Printed	Name:	Title:	-	
Signati	ire:			
Printed	Name:	Title:		
Signatu	ure:			
Printed	Name:	Title:	•	
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
	ida Limited Partnership or Limited Liability larges of ALL General Partners.	Limited Partnership:		
If Flor Signati	ida Limited Liability Company: ure of a Member or Authorized Representative.			
All oth Signati	ners: ure 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)

ANTHY K II PRINCIPAL HEETINE		
The principal place of business/mailing address is:		
Principal street address	Mailing addr	ess, if different is:
11960 WALSH BLVD		
MIAMI FL 33184		
ARTICLE III PURPOSE	_	
The purpose for which the corporation is organized is:		
ALL LEGAL ACTIVITY ALLOWED IN THE STATE OF F	LORIDA	
		·
		
		<u></u>
ARTICLE IV SHARES The 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 DIF	RECTORS	# .
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIF Name and Title: ENEISER BETANCOURT LEON P		# .
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIF	RECTORS	2018 FEB SECRETA TALLAHAS
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIF Name and Title: L1960 WALSH BLVD	Name and Title:	2018 FEB -6 SEGRETARY C
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIF Name and Title: ENEISER BETANCOURT LEON P Address: 11960 WALSH BLVD	Name and Title: Address:	2018 FEB -6 PH S
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIF Name and Title: ENEISER BETANCOURT LEON P 11960 WALSH BLVD MIAMI FL 33184	Name and Title: Address:	2018 FEB -6 PH 5 49 SEGRETARY OF STATE TALLAHASSEE, FLORIDA
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIF Name and Title: ENEISER BETANCOURT LEON P 11960 WALSH BLVD MIAMI FL 33184 Name and Title: Address:	Name and Title: Address: Name and Title: Address: Address:	2018 FEB -6 PH 5: 49 SEGRETARY OF STATE TALLAHASSEE, FLORIDA
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIF Name and Title: ENEISER BETANCOURT LEON P 11960 WALSH BLVD MIAMI FL 33184 Name and Title: Address:	Name and Title: Address: Name and Title: Address: Address:	2018 FEB -6 PH 5: 49 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICL	E VI REGISTERED AGENT		
The name	e and Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	ENEISER BETANCOURT LEON		
Address:	11960 WALSH BLVD		
	MIAMI FL 33184		
ARTICL	E VII INCORPORATOR		·
The name	e and address of the Incorporator is:		
Name:	ENEISER BETANCOURT LEON		
Address:	11960 WALSH BLVD		
	MIAMI FL 33184		
*****	**********	********	
-	een named as registered agent to accept service of picate, I am familiar with and accept the appointmen		_
	48 -	01/18/2018	
	Required Signature/Registered Agent	Date	
	this document and affirm that the facts stated herei t to the Department of State constitutes a third degre		tion submitted in a
		01/18/2018	
	Required Signature/Incorporator	Date	