

98000020675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

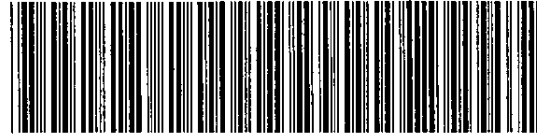
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/20/17--01029--001 **61.25

10/06/17--01023--020 **43.75

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MAR 6 2018
TALLAHASSEE, FL 32310

18 MAR -6 PM 4:16

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MAR 06 2018

T SCHROEDER

COVER LETTER

12/4/12
2nd Request

TO: Charter Section
Division of Corporations

SUBJECT: JOSE CRULLON 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:

Joseph Paternostro

Contact Person

Joseph Paternostro Accounting Services, Inc.

Firm/Company

300 N.E. 122nd St.

Address

M. MIAMI, FL 33161

City, State and Zip Code

Joseph.paternostro@gmail.com

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

For further information concerning this matter, please call:

Joseph Paternostro

Name of Contact Person

at (305) 632 5002

Area Code and 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 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

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

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17 DEC 11 PM 1:29
BUREAU OF CORPORATE
INFORMATION SERVICES

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:

Jose Gallon, LLC 45-126306

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(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 7/23/2015

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:

* JOSE GALLON . PA

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: X

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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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DEPT. OF STATE
TALLAHASSEE, FLORIDA

Signed this 11 day of November, 20 17

Required Signature for Florida Profit Corporation:

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

Incorporator: *

Printed Name: Jose Brullon Title: President

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

Signature: *

Printed Name: Jose Brullon

Title: Member/Manager

Signature: *

Printed Name: Jose Brullon

Title: President

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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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: JOSE GRULLON PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

1801 S. TREASURE DE LA MER # 126

Mailing address, if different is:

SAME

NORTH BAY VILLAGE, FL
33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE GRULLON, President

Address: 1801 S. TREASURE DE LA MER #126

NORTH BAY VILLAGE FL 33141

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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REGISTRY OF SECRETARIES
ALLA BROSSE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: PATERMOSTRO, Joseph

Address: 300 N.E. 122ND ST.
MIAMI, FL. 33161

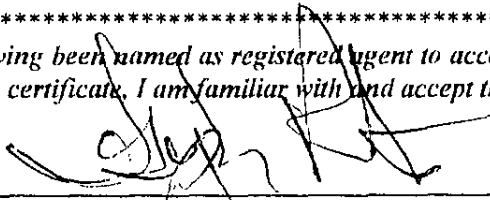
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE GEROLSON

Address: 1801 S. TREASURE DR, UNIT #126
NORTH BAY VILLAGE, FL 33141

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

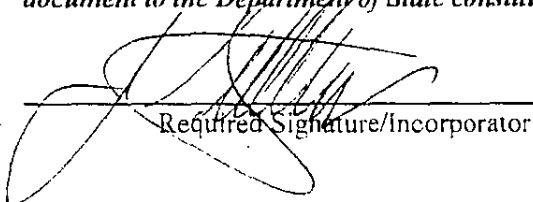


Required Signature/Registered Agent

11/13/17

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

11/06/2017

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA