

718000022984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

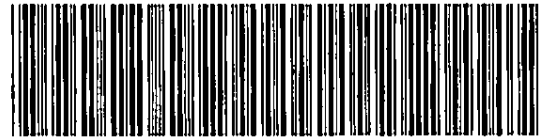
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 MAR 12 AM 9:14  
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MAR 12 2018

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## COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: ANIR INVESTMENTS USA 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 USA 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 and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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**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:

ANIR INVESTMENTS USA LLC

412-47130

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 5-4-12

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:

ANIR INVESTMENTS USA 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 9:14  
CLERK OF THE COURT  
CLERK OF THE COURT  
CLERK OF THE COURT

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: [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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CLERK OF THE COURT  
JANET L. HARRIS, CLERK

**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 USA INC

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business mailing address is:

Principal street address

1884 S. UNIVERSITY DR.

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: OFFER SHAPIRA, Chairman Name and Title:

Address: 12 ANATOT STREET Address:

111 AVIV ISRAEL 69080

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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CLERK OF DISTRICT COURT  
JANUARY 12 2012

**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

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NOTARIAL PUBLIC  
STATE OF FLORIDA