

P18000026347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

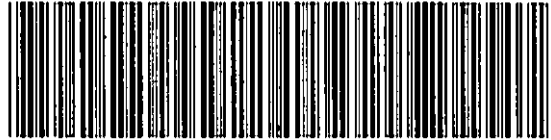
(Document Number)

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

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Office Use Only

Pedro Tinco  
Spec. Atty 3-8-17  
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18 MAR - 8 AM 9:54  
SECRETARY OF STATE  
OF MASSACHUSETTS

FILED

MAR - 8 2018  
C Kinsey

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

FADAL CORP

**SUBJECT:** \_\_\_\_\_  
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:

PEDRO TINOCO

### Contact Person

ASI CORPORATE SERVICES LLC

Firm/Company

444 BRICKELL AVENUE, SUITE P-41

## Address

MIAMI, FL 33131

City, State and Zip Code

corporate@asifo.com

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

For further information concerning this matter, please call:

PEDRO TINOCO at (305) 2987900

Name of Contact Person 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

**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:

FADAL LLC

L17-78648

Enter Name of Other Business Entity

LIMITED LIABILITY COMPANY

2. The "Other Business Entity" is a \_\_\_\_\_  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

FLORIDA

first organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

APRIL 07, 2017

on \_\_\_\_\_  
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:

N/A

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

FADAL CORP

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: March 8, 2018  
(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.

FILED  
18 MAR -8 AM 8:54  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Signed this 8th 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: Jonathan Cohen

Printed Name: JONATHAN COHEN Title: DIRECTOR

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

Signature: Jonathan Cohen

Printed Name: JONATHAN COHEN Title: MANAGER

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.

**ARTICLES OF INCORPORATION**  
**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

**ARTICLE I    NAME**                      FADAL CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address  
444 BRICKELL AVENUE, SUITE P-41

MIAMI, FL 33131

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

18 MAR - 8 AM 9:54  
CLERK OF DISTRICT COURT  
MIAMI, FL 33131

FILED

**ARTICLE IV    SHARES**                      10,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JONATHAN COHEN/DIRECTOR

Address: 444 BRICKELL AVENUE, SUITE P-41

MIAMI, FL 33131

Name and Title: Fanny Cohen, D

Address: 444 Brickell Ave, Ste P-41

Miami, FL 33131

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ASI CORPORATE SERVICES LLC  
Address: 444 BRICKELL AVENUE, SUITE P-41  
MIAMI, FL 33131

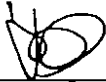
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: PEDRO TINOCO  
Address: 444 BRICKELL AVENUE, SUITE P-41  
MIAMI, FL 33131

\*\*\*\*\*

*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

1/8/2018

\_\_\_\_\_  
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

1/8/2018

\_\_\_\_\_  
Date